

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L41610	
1. Entity Name PICCOLO CAFFE INC.	



FILED

05 JAN 04 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 260 CRANDON BLVD UNITS 20-21 KEY BISCAIYNE, FL 33149 US	Mailing Address % ALESSANDRO SURACE 260 CRANDON BLVD UNITS 20-21 KEY BISCAIYNE, FL 33149
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2. Principal Place of Business <i>260 Crandon Blvd</i>	3. Mailing Address <i>260 Crandon Blvd</i>
Suite, Apt. #, etc. <i>Units 20-21</i>	Suite, Apt. #, etc. <i>Units 20-21</i>
City & State <i>Key Biscayne, FL</i>	City & State <i>Key Biscayne</i>
Zip <i>33149</i>	Country <i>US</i>



4. FEI Number 65-0200252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SURACE, FABIOLA 77 CRANDON BLVD APT. 10-13 KEY BISCAIYNE, FL 33149	
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7. Name and Address of New Registered Agent Name <i>Alessandro Surace</i> Street Address (P.O. Box Number is Not Acceptable) - <i>260 Crandon Blvd units 20-21</i> City <i>Key Biscayne</i> FL Zip Code <i>33149</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>12-30-04</i> <small>DATE</small>

FILE NOW!!! FEE IS \$750.00. After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SURACE, ALESSANDRO 260 CRANDON BLVD #621 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300043843573</i> <i>01/04/05--01007--002 **\$600.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300043843573</i> <i>01/04/05--01007--003 **\$150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300043843573</i> <i>01/04/05--01007--004 **\$8.75</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>12-30-04</i> <small>DATE</small>