



# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # L41610</b> 1. Entity Name PICCOLO CAFFE INC.				FILED 05 OCT -3 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 260 CRANDON BLVD UNITS 20-21 KEY BISCAVNE, FL 33149 US		Mailing Address 260 CRANDON BLVD UNITS 20-21 KEY BISCAVNE, FL 33149 US			
2. Principal Place of Business <i>260 Crandon Blvd,</i> Suite, Apt. #, etc. <i>unit 20-21</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i> Country <i>USA</i>		3. Mailing Address <i>260 Crandon Blvd,</i> Suite, Apt. #, etc. <i>Unit 20-21</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i> Country <i>USA</i>		09132005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0200252		Applied For 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, ALESSANDRO 260 CRANDON BLVD UNITS 20-21 KEY BISCAVNE, FL 33149			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, unit 20-21</i> City <i>Key Biscayne</i> FL Zip Code <i>33149</i>		
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> DATE <i>09-26-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete SURACE, ALESSANDRO 260 CRANDON BLVD #621 KEY BISCAVNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>400060212484</i> <i>10/04/05--01046--014 **558.75</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	
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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>09-26-05</i> <small>Date Daytime Phone #</small>		