

2005 FOR PROFIT CORPORATION REINSTATEMENT

Reopen JUL 10 2004

DOCUMENT # P01000084251					
1. Entity Name CAFFE BARONE, INC.					
Principal Place of Business 744 JEFFERSON AVE #1 MIAMI BEACH, FL 33139			Mailing Address 744 JEFFERSON AVE #1 MIAMI BEACH, FL 33139		
2. Principal Place of Business 12000 BISCAYNE BLVD Suite, Apt. #, etc. 507			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI FLORIDA USA			City & State		
Zip 33181		County MIAMI DADE		Country	
6. Name and Address of Current Registered Agent BERNARDINI, FABRIZIO 744 JEFFERSON AVE #1 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name: UGO V. CHIARATO Street Address (P.O. Box Number is Not Acceptable): 12000 BISCAYNE BLVD - SUITE 507 City: MIAMI FL Zip Code: 33181	
4. FEI Number 65-1132735					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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>Ugo V. Chiarato</i> DATE: APRIL 29, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	PD	Delete <input checked="" type="checkbox"/>	NAME	BERTOLLINI, FABRIZIO	
STREET ADDRESS	744 JEFFERSON AVE #1		CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	Delete <input type="checkbox"/>	NAME	MARSIGLIA, SIMONE	
STREET ADDRESS	744 JEFFERSON AVE #1		CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE		Delete <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		Delete <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		Delete <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		Delete <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
TITLE		Delete <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P/T/S/D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MARSIGLIA, SIMONE	
STREET ADDRESS	12000 BISCAYNE BLVD # 507		CITY - ST - ZIP	MIAMI FL 33181	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		
STREET ADDRESS			CITY - ST - ZIP		
000055655690 06/02/05--01029--003 **300.00 TALLAHASSEE, FLORIDA 05 MAY 24 PM 3:17 FILED					
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>Power of Attorney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: APRIL 29, 2005 (305) 899.5099 <small>Date Daytime Phone #</small>		