

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000084251



1. Entity Name
CAFFE BARONE, INC.

Principal Place of Business
12000 BISCAYNE BLVD
STE 507
MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD
STE 507
MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #
9999 NE 2ND AVE

3. Mailing Address

Suite, Apt. #, etc.
218

Suite, Apt. #, etc.

City & State
MIAMI SHORES FL

City & State

Zip
33138

Zip

Country
USA

Country

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
12000 BISCAYNE BLVD SUIRE 507
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9999 NE 2ND AVE # 218

City MIAMI SHORES FL 33138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

500124312555
04/18/08-01008--035 **1050.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
MARSIGLIA, SIMONE
12000 BISCAYNE BLVD #507
MIAMI, FL 33181

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

9999 NE 2 AVE # 218
MIAMI SHORES FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/2008 (305)899.5099

FILED

08 APR 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162008 Chg-P CR2E034 (12/06)