

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084251

1. Entity Name
CAFFE BARONE, INC.



FILED

08 APR 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
Suite, Apt. #, etc. 218

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI SHORES FL

City & State

Zip 33138 Country USA

Zip Country

03162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1132735 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
12000 BISCAYNE BLVD SUITE 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

TITLE
NAME PTSD
STREET ADDRESS MARSIGLIA, SIMONE
CITY-ST-ZIP 12000 BISCAYNE BLVD #507
MIAMI, FL 33181 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 9999 NE 2 AVE #218
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

04/10/2008 (305) 899.5099
Date Daytime Phone #