## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # P01000112173** 04-10-2008 90015 002 \*\*\*150.00 COFFEEEXPRESSO, INC. Principal Place of Business Mailing Address 4300 S. US HIGHWAY #1 4300 S. US HIGHWAY #1 SUITE 203-318 203-318 JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address MFIELD WAY Suite, Apt. #, etc. 04082008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For 01-0567012 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAMER, SCOTT ESQ. Street Address (P.O. Box Number is Not Acceptable) 6650 WEST INDIANTOWN ROAD SUITE 200 JUPITER, FL 33458 City Zip Code 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 reinstation) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ■ Addition BONAN MARY 122 PALMFIELD WAY DONAN, MARY A NAME NAME STREET ADDRESS 802 MAINSAIL CIRCLE STREET ADDRESS JUPITER, FL 33477 CITY-ST-7IP CITY-SI-ZIP JUPITER FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in the receiver of trustee empowered to execute the receiver of trustee empowered to exe changed, or on an attachment with an address, with all other like empowered.

CICMATHDE.

april 8, 2008

**FILED**