

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90029 039 \*\*\*150.00

**60007236**



01172006 Chg-P CR2E034 (11/05)

|   |                       |   |   |  |                                   |
|---|-----------------------|---|---|--|-----------------------------------|
| <b>DOCUMENT # P02000040870</b>  |                       |   |   |   |                                   |
| 1. Entity Name<br>SUPER PAN, COFFEE CORP.   |                       |   |   |  |                                   |
| Principal Place of Business<br>650 NORTHEAST 79TH STREET<br>MIAMI, FL 33138   |                       |   | Mailing Address<br>650 NORTHEAST 79TH STREET<br>MIAMI, FL 33138 |  |                                   |
| 2. Principal Place of Business  |                       |   | 3. Mailing Address  |  |                                   |
| Suite, Apt. #, etc.   |                       |   | Suite, Apt. #, etc.   |  |                                   |
| City & State  |                       |   | City & State  |  |                                   |
| Zip   |                       | Country   |   | Zip  |                                   |
|   |                       |   |   | Country  |                                   |
| 4. FEI Number<br>04-3643164   |                       |   |   | Applied For<br>Not Applicable  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |   |   | \$8.75 Additional Fee Required   |                                   |
| 6. Name and Address of Current Registered Agent   |                       |   |   | 7. Name and Address of New Registered Agent  |                                   |
| <del>OGHOA, OSCAR E</del><br><del>650 NORTHEAST 79TH STREET</del><br><del>MIAMI, FL 33138</del>   |                       |   |   | Name<br><b>CASTANEDA BERTHA M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8824 OAK CIRCLE</b><br>City<br><b>TAMPA</b> FL Zip Code<br><b>33615</b> |                                   |
| 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>Bertha M Castaneda</i> <b>BERTHA M. CASTANEDA</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>REGISTERED AGENT</b> DATE <b>01/17/06</b>  |                       |   |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b>  |                       | 9. Election Campaign Financing                    |   | \$5.00 May Be  |                                   |
| <b>After May 1, 2006 Fee will be \$550.00</b>   |                       | Trust Fund Contribution. <input type="checkbox"/> |   | Added to Fees  |                                   |
| 10. OFFICERS AND DIRECTORS  |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |  |                                   |
| TITLE   | PD                    | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CASTANEDA, BERTHA M   |   | NAME  |  |                                   |
| STREET ADDRESS  | 8824 OAK CIRCLE       |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | TAMPA, FL 33615       |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | VD                    | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | ESTRELLA, FRANKLIN A  |   | NAME  |  |                                   |
| STREET ADDRESS  | 307B DE LA WAMMA AVE. |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | CLIFTON, NY           |   | CITY-ST-ZIP   |  |                                   |
| TITLE   | SD                    | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | WITHER, EDUARDO       |   | NAME  |  |                                   |
| STREET ADDRESS  | 150 SW 12 ST.         |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33130       |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME  |  |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME  |  |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP   |  |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete                   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME  |  |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                       |   | 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. <b>BERTHA M. CASTANEDA</b> |                       |   |   |  |                                   |
| SIGNATURE: <i>Bertha M Castaneda</i> <b>PRESIDENT</b>   |                       |   | Date <b>01/17/06</b> (308) 756-1333                             |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                       |   | Daytime Phone #   |  |                                   |