

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 012 ***150.00

DOCUMENT # P03000019685

1. Entity Name
JAVALUTION COFFEE COMPANY



Principal Place of Business
**2485 E. SUNRISE BLVD.
SUITE 201A
FT. LAUDERDALE, FL 33304**

Mailing Address
**2485 E. SUNRISE BLVD.
SUITE 201A
FT. LAUDERDALE, FL 33304**

40034000



04252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
73-1694004

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGEL, LARRY
800 W. CYPRESS CREEK ROAD
#470
FORT LAUDERDALE, FL 33309**

Name
LEGEL, LARRY

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

800 W. CYPRESS CREEK ROAD, #465

City
FORT LAUDERDALE

FL

Zip Code
33309

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDC
SANZARI, ANTHONY
2485 EAST SUNRISE BLVD., SUITE 201A
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
SANZARI, ANTHONY
2485 EAST SUNRISE BLVD., SUITE 201A
FORT LAUDERDALE, FL 33304** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PUMPER, SCOTT
2485 EAST SUNRISE BLVD., SUITE 201A
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PUMPER, SCOTT
2485 EAST SUNRISE BLVD., SUITE 201A
FORT LAUDERDALE, FL 33304** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRISKIE, DAVID
2485 EAST SUNRISE BLVD., SUITE 201A
FT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BRISKIE, DAVID
2485 EAST SUNRISE BLVD., SUITE 201A
FORT LAUDERDALE, FL 33304** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZIMMERMAN, MICHAEL
2485 EAST SUNRISE BLVD., STE 201A
FT LAUDERDALE, FL 33304** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDBERG, GEOFFREY
2485 EAST SUNRISE BLVD., SUITE 201A
FT LAUDERDALE, FL 33304** ☒ 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:

Anthony Sanzari ANTHONY SANZARI COO 4.30.8 954 4938900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #