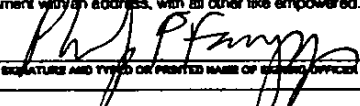


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90250 014 ***150.00

DOCUMENT # P03000047051			
1. Entity Name BROOKLYN ICE CAFFE, INC.			
Principal Place of Business 225 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169		Mailing Address 225 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business Brooklyn Ice Caffe		3. Mailing Address 4649 Clyde Morris Blvd	
Suite, Apt., #, etc. #601		Suite, Apt., #, etc. #601	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip 32129		Zip 32129	
4. FEI Number 35-2210306		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRUGGIO, PHILIP P 2053 OAK MEADOW CIRCLE DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Philip Farruggio 2053 Oak Meadow Circle Daytona, FL 32119	
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:  DATE: 4/17/00 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	S ENGLER, KEITH J 460 GRANADA ST NEW SMYRNA BCH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRUGGIO, PHILIP A 9618 S. LAKEWOOD TERRACE PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRUGGIO, PHILIP P 2053 OAK MEADOW CIRCLE DAYTONA BEACH, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTOLINO, THOMAS W 1384 HYDE PARK DR PORT ORANGE, FL 32128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RENCKINI, JOYCE 722 OLD SUGAR MILL RD PORT ORANGE, FL 32129 ☒ 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: 		Philip P Farruggio 6/9/06 322-3300	