2006 FOR PROFIT CORPORATION ANNUAL REPORT

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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	Mailing Address
225 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	225 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169

Brooklyn Ice Caffe

2. Principal Place of Business	3. Mailing Address
Brooklyn Ice Caffe	4649 Clyde Morris Blvd
Suite/Apt. #, etc.: #601	Suite/Apt. #, etc.: #601
City & State: Port Orange FL	City & State: Port Orange FL
Zip: 32129 Country: US	Zip: 32129 Country:

01202006 Chg-P CR2E034 (11/05)

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

Name: Philip Farruggio
Street Address (P.O. Box Number is Not Acceptable): 2053 Oak Meadow Circle
City: Daytona FL Zip Code: 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: Ph Pfarrugg 4/17/00
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, 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 961B 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: Ph Pfarrugg Philip P Farruggio 6/9/06 322-3300
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #