


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000047051 1. Entity Name BROOKLYN ICE CAFFE, INC.	
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Principal Place of Business 4649 CLYDE MORRIS BLVD #601 PORT ORANGE, FL 32129	Mailing Address 4649 CLYDE MORRIS BLVD #601 PORT ORANGE, FL 32129
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

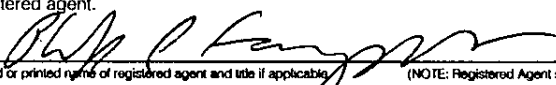
4. FEI Number 35-2210306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FALRUGGIO, PHILIP P
2053 OAK MEADOW CIRCLE
S DAYTONA, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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: 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

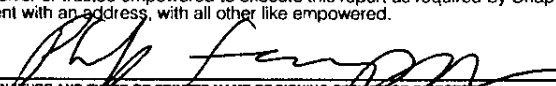
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGLER, KEITH J 460 GRANADA ST NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRUGGIO, PHILIP A 961B S. LAKEWOOD TERRACE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRUGGIO, PHILIP P 2053 OAK MEADOW CIRCLE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTOLINO, THOMAS W 1384 HYDE PARK DR PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000741877
05/15/07-80047-010 150.00

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IN THIS SPACE**

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:  Date: 4/23/07 (JAC) 22-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR