2008 FOR PROFIT CORPORATION

Jan 31, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000084061 01-31-2008 90022 026 ***150.00 LATITUDE 23.5 COFFEE AND TEA CORP Principal Place of Business Mailing Address 40014801 8165 27TH STREET E. 3412 CLARK ROAD SARASOTA, FL 34243 **SUITE 230** SARASOTA, FL 34231 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-0145894 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EREZ, DIMITRY V Street Address (P.O. Box Number is Not Acceptable) 110 MAGNOLIA AVE. NOKOMIS, FL 34275 City Zip Code FL 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 tate it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO THUE Delete THE ☐ Change ■ Addition EREZ, DIMITRY V NAME NAME. STREET ADDRESS 110 MAGNOLIA AVE STREET ADDRESS CITY-ST-7(P NOKOMIS, FL 34275 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition EREZ, HOLLY NAME NAME STREET ADDRESS 110 MAGNOLIA AVE STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-7IP TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ITILE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME

ration supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information polemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director iver 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 12. I hereby certify that the ir indicated on this report of of the corporation of the changed, or on an attach with an address all other like empowered.

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

ED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

-556-7600

FILED