

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2006 90101 048 ***155.00

FILED P04000049336

2006 JUL 17 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000049336

1. Entity Name
A COFFEE BREAK GROUP INC.



Principal Place of Business
PO BOX 620795
OVIEDO, FL 32765

Mailing Address
PO BOX 620795
OVIEDO, FL 32765



05242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04-3787721

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

RODRIGUEZ, SOFIA
3055 RIVER PLACE COVE
#219
OVIEDO, FL 32765

Name

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

City

FL

Zip Code

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

Sofia Rodriguez

Sofia Rodriguez

06-13-06

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2008

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 P ☐ Delete
NAME RODRIGUEZ, SOFIA
STREET ADDRESS 3055 RIVER PLACE COVE #219
CITY-STATE-ZIP OVIEDO, FL 32765

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

TITLE TD ☐ Delete
NAME GONZALEZ, FERNANDO
STREET ADDRESS 3055 RIVER PLACE COVE #219
CITY-STATE-ZIP OVIEDO, FL 32765

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

TITLE SD ☐ Delete
NAME GONZALEZ, MARIA
STREET ADDRESS 3055 RIVER PLACE COVE #219
CITY-STATE-ZIP OVIEDO, FL 32765

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

TITLE VP ☐ Delete
NAME GONZALEZ, SANDRA P
STREET ADDRESS 3055 RIVER PLACE COVE # 219
CITY-STATE-ZIP OVIEDO, FL 32765

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

Sofia Rodriguez

Sofia Rodriguez

06-13-06

800-566-0841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #