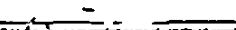


DOCUMENT # P04000136617		05-06-2005 90102 031 ***15	
1. Entity Name PITTELLI'S GOURMET COFFEE, INC.			
Principal Place of Business 3209 NE 10TH STREET POMPAHO BEACH, FL 33062		Mailing Address 3209 NE 10TH STREET POMPAHO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01192005		Chg-P CR2E034 (10/03)	
4. FEI Number XXXXXXXXXXXX		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTELLI, JAMES 3209 NE 10TH STREET POMPAHO BEACH, FL 33062		7. Name and Address of New Registered Agent 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 obligation of registered agent.			
SIGNATURE 		DATE 4/25/05	
FILE NOW: FEE IS \$150.00 After May 1, 2005 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		President James Pittelli 3209 NE 10th Street Pompano Beach, FL 33062	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Vice-President Joseph Pittelli 3209 NE 10th Street Pompano Beach, FL 33062	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/25/05 954-548-950	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR		Date	