

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000136617

1. Entity Name  
PITTELLI'S GOURMET COFFEE, INC.



Principal Place of Business  
3209 NE 10TH STREET  
POMPANO BEACH, FL 33062

Mailing Address  
3209 NE 10TH STREET  
POMPANO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1702663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

PITTELLI, JAMES  
3209 NE 10TH STREET  
POMPANO BEACH, FL 33062

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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

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

TITLE P  
NAME PITTELLI, JAMES  
STREET ADDRESS 3209 NE 10TH STREET  
CITY-ST-ZIP POMPANO BEACH, FL 33062

000000557168  
05/17/06-80040-006 150.00

TITLE VP  
NAME PITTELLI, JOSEPH  
STREET ADDRESS 3209 NE 10TH STREET  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #