2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000022833

1. Entity Name
MOSKOWITZ ESPRESSO, INC.

Principal Place of Business	Mailing Address
6295 14TH STREET WEST BRADENTON, FL 34207 US	6295 14TH STREET WEST BRADENTON, FL 34207 US

04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2331424
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, KIMBERLEE L
5210 23RD STREET WEST
BRADENTON, FL 34207

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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: Kimberlee Moskowitz KIMBERLEE MOSKOWITZ, PRESIDENT 4.20.08
(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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000918698
05/13/08-80092-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MOSKOWITZ, KIMBERLEE L
STREET ADDRESS	5210 23RD STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	VP
NAME	MOSKOWITZ, SAMUEL J
STREET ADDRESS	5210 23RD STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Kimberlee Moskowitz KIMBERLEE MOSKOWITZ 4.20.08 941.807.0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # QUMSG.