2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 14, 2008 08:00 A Secretary of State **DOCUMENT # P05000097761** STORIA CAFFE, CORP Principal Place of Business Mailing Address 1777 ASPEN LANE 1777 ASPEN LANE WESTON, FL 33327 WESTON, FL 33327 03112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3195862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIOS, LEOPOLDO J. DO NOT WRITE 11904 MIRAMAR PKWY MIRAMAR, FL 33025 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME AGOSTINONE, ENRICO STREET ADDRESS 1777 ASPEN LANE U00000858526 04/01/08-80045-023 150.00 City-St-ZIP WESTON, FL 33327 TITLE AGOSTINONE, DENISE NAME 1777 ASPEN LANE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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