

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000125040

1. Entity Name  
COFFEEZONE CORP



Principal Place of Business  
1101 BRICKELL AVE  
MIAMI, FL 33131

Mailing Address  
1022 HUNTING LODGE DR  
MIAMI SPRINGS, FL 33166



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3467058

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000619304  
02/08/07-80065-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BOIDANICH, MARIO L  
STREET ADDRESS 820 WEST 81 PLACE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE V  
NAME INSAUSTIH, DIEGO T  
STREET ADDRESS 820 WEST 81 PLACE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE S  
NAME QUISPE, MARYBEL  
STREET ADDRESS 820 WEST 81 PLACE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE T  
NAME CAMPILLO, SANDRA E  
STREET ADDRESS 820 WEST 81 PLACE  
CITY-ST-ZIP HIALEAH, FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 (205) 374-3790