

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008376

FILED  
May 01, 2007  
Secretary of State

Entity Name: JOFFREY'S COFFEE & ICE CREAM CAFE, INC.

## Current Principal Place of Business:

718 W. MLK BOULEVARD  
SUITE 200  
TAMPA, FL 33603

## New Principal Place of Business:

1048 BLOOMINGDALE AVE.  
VALRICO, FL 33594

## Current Mailing Address:

718 W. MLK BOULEVARD  
SUITE 200  
TAMPA, FL 33603

## New Mailing Address:

1048 BLOOMINGDALE AVE.  
VALRICO, FL 33594

FEI Number: 20-5028730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, G. MICHAEL  
3522 AUTUMN GLEN DRIVE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

NELSON, G. MICHAEL  
718 W. MLK BLVD.  
STE 200  
TAMPA, FL 33603 US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIKAND, GURDIP  
Address: 3522 AUTUMN GLEN DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: SIKAND, KATHLEEN  
Address: 3522 AUTUMN GLEN DRIVE  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GURDIP SIKAND

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date