


Amended 2008 **FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 06000013880	
1. Entity Name COFFEE SMART, INC	

FILED
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TALLAHASSEE, FLORIDA

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2. Principal Place of Business 10875 OLD DIXIE Highway Suite, Apt. #, etc. #1	3. Mailing Address 10875 OLD DIXIE Highway Suite, Apt. #, etc. #1 City & State Ponte Vedra, FL
Zip 32081 Country USA	Zip 32081 Country USA

200138131322 11/20/08--01023--012 **26.25 10/16/08 01009 015 35.00 CR2E034B (8/05)	4. FEI Number 20-4364859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent	
Name JOSEPH MCCLURE	
Street Address (P.O. Box Number is Not Acceptable) 940 ALCAZAR DR	
City ST. AUGUSTINE	FL Zip Code 32086

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 **Joseph McClure** DATE **11-17-08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HIRVING S. EBANKS 10875 OLD DIXIE Highway Ponte Vedra, FL 32081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President HIRVING S. EBANKS 10875 OLD DIXIE Highway Ponte Vedra, FL 32081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary HIRVING S. EBANKS 10875 OLD DIXIE Highway Ponte Vedra, FL 32081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer HIRVING S. EBANKS 10875 OLD DIXIE Highway Ponte Vedra, FL 32081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **11-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR