2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
03-14-2008 90026 026 ***150.00

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DOCUMENT # P07000000981

1. Entity Name
EXPRESSO COFFEE SHOP CORP

Principal Place of Business	Mailing Address
6555 NW 36 ST 107 VIRGINIA GARDENS, FL 33166	6555 NW 36 ST 107 VIRGINIA GARDENS, FL 33166

66005633

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6555 NW 36ST	6555 NW 36ST
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107
City & State Virginia Gardens, Fl	City & State Virginia Gardens, Fl
Zip 33166 Country Dade	Zip 33166 Country Dade

4. FEI Number 20-8139858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SERRA, SURAHYMI~~ 100 CHEROKEE ST MIAMI SPRINGS, FL 33166	Name Vicente Diaz Street Address (P.O. Box Number Is Not Acceptable) 100 Cherokee St City Miami Springs FL Zip Code 33166

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] 3/11/08
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRA, SURAHYMI 100 CHEROKEE ST MIAMI SPRINGS, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Diaz, Vicente 100 Cherokee ST Miami Springs, Fl 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, VICENTE 100 CHEROKEE ST MIAMI SPRINGS, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 3/11/08 786 2900177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #