


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 A
Secretary of State

DOCUMENT # P93000036510	
1. Entity Name COFFEE, SUPPLIES AND BEVERAGE OF FLORIDA, INC.	

Principal Place of Business 8861 CICERO DR BOYNTON BEACH, FL 33437	Mailing Address 8861 CICERO DR BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



08012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0483865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEINMAN, STEVEN A ESQ 8440 STATE ROAD 84 DAVIE, FL 33324	DO NOT WRITE IN THIS SPACE
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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)

U000000573938
09/09/06 00004 002 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBBINS, GARY 8861 CICERO DR BOYNTON BEACH, FL 33437
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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: *Donna Robbins* 8/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #