➤2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010561

1. Entity Name
CAFE BARISTA, INC.

Principal Place of Business	Mailing Address
529 EAST OCEAN AVENUE BOYNTON BEACH, FL 33435	529 EAST OCEAN AVENUE BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0637219	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, KIMBERLY B
529 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLY, KIMBERLY B
STREET ADDRESS	1225 W. MANGO ST.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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 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: *Kimberly B. Kelly* Kimberly B. Kelly 1/12/06 561-364-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #