

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067686

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: CAPPUCCINO TIME, INC.

## Current Principal Place of Business:

995 W. KENNEDY BLVD  
SUITE 45  
ORLANDO, FL 32810 US

## New Principal Place of Business:

## Current Mailing Address:

995 W. KENNEDY BLVD  
SUITE 45  
ORLANDO, FL 32810 US

## New Mailing Address:

995 W. KENNEDY BLVD  
SUITE 45  
ORLANDO, FL 32810 US

FEI Number: 59-3395874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELLINKOFF, DEBRA  
1145 BRANTLEY ESTATES DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: BELLINKOFF, IRWIN  
Address: 1145 BRANTLEY ESTATES DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PRES ( ) Delete  
Name: BELLINKOFF, DEBRA  
Address: 1145 BRANTLEY ESTATES DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BELLINKOFF, DEBRA  
Address: 1145 BRANTLEY ESTATES DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition  
Name: BELLINKOFF, IRWIN  
Address: 1145 BRANTLEY ESTATES DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DEBRA BELLINKOFF

PRES

04/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date