

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90247 036 \*\*\*150.00

**DOCUMENT # P97000085081**

1. Entity Name  
**THE COFFEE CLUB, INC.**



Principal Place of Business  
**1250 HOLLY COVE DR.  
JUPITER, FL 33458 US**

Mailing Address  
**1250 HOLLY COVE DR.  
JUPITER, FL 33458 US**

2. Principal Place of Business  
**1827 Middle River Drive**  
Suite, Apt. #, etc.  
**5**

3. Mailing Address  
**1827 Middle River Drive**  
Suite, Apt. #, etc.  
**5**

City & State  
**Ft Lauderdale FL**  
Zip  
**33305** Country  
**USA**

City & State  
**Ft Lauderdale, FL**  
Zip  
**33305** Country  
**USA**

05012006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0787248**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PYE, THOMAS G  
3909 WEST NEWBERRY ROAD  
BUILDING C  
GAINESVILLE, FL 32607**

## 7. Name and Address of New Registered Agent

Name  
**Patrice Vanthey**  
Street Address (P.O. Box Number is Not Acceptable)  
**1827 Middle River Drive**  
**#5**  
City  
**Ft Lauderdale FL** Zip Code  
**33305**

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 **Patrice Vanthey** **4/30/06**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PST POLLUTRO, MICHAEL R 1250 HOLLY COVE DR. JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Patrice Vanthey</b> <b>1827 Middle River Drive</b> <b>Ft Lauderdale, FL 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Patrice Vanthey** **Patrice Vanthey** **4/30/06** **954-465-6580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #