

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P98000007276<br>1. Entity Name<br>COFFEE ONE SERVICE, INC. |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                            |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>7700 W 24TH AVENUE BAY 3<br>HIALEAH, FL 33016 | Mailing Address<br>7700 W 24TH AVENUE BAY 3<br>#5-343<br>HIALEAH, FL 33016 |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-0807173                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZAGALES, YOLANDA  
7700W AVE BAY 3  
HIALEAH, FL 33016

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-statuting) \_\_\_\_\_ DATE \_\_\_\_\_

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

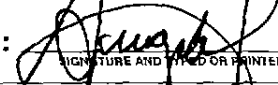
10. OFFICERS AND DIRECTORS

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PVD<br>ZAGALES, ROLANDO<br>7700 WEST 24 AVE BAY #3<br>HIALEAH, FL 33016 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                         |

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04/25/05-80118-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/15/06 (305) 649-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ (Date) \_\_\_\_\_ (Daytime Phone #) \_\_\_\_\_