


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # S75658 1. Entity Name COFFEE TREE CORPORATION		
Principal Place of Business 3000 NORTH OCEAN DRIVE SUITE 34-C RIVIERA BEACH, FL 33404 US	Mailing Address 2324 S CONGRESS AV SUITE 2-C WEST PALM BEACH, FL 33406 US	

DO NOT WRITE IN THIS SPACE



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0292430	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO, OMAR
2324 S. CONGRESS AVE.
NO. 2C
WEST PALM BEACH, FL 33406**

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000573089
~~08/02/06-80001-025 150.00~~

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, JOHN 3000 N. OCEAN DR.#31-E RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, ALICIA 3000 N. OCEAN DR.#31-E RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, JUAN CAMILO CR 51 NO. 3610 MEDELLIN, COLUMBIA SA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 a true copy with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-06