2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT #V18996 Aug 04, 2008 08:00 AM Secretary of State 1. Entity Name AVAJ COFFEE, INC. Principal Place of Business Mailing Address 11905 N.W. 35TH ST. 11905 N.W. 35TH ST. CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (11/05) 07312008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0322616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SCHMERTZLER, MARK DO NOT WRITE 11905 N.W. 35ST #8 CORAL SPRINGS, FL 33065 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. U00000957060 SIGNATURE. 08/04/08-80006-025 Signature, typed or printed name of registered agent and title dispolicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees Trust Fund Contribution. Due by September 12, 2008 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE SCHMERTZLER, MARK NAME STREET ADDRESS 11905 N.W. 35 ST. #8 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP THTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS

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 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP 10

7-31-08

954-575-1302