

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 19, 2004 8:00 am
Secretary of State

03-02-2004 90039 017 ***150.00

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Entity Name
MERCON COFFEE CORPORATION



Principal Place of Business Mailing Address

2 HUDSON PLACE 2 HUDSON PLACE
 8TH FLOOR 8TH FLOOR
 HOBOKEN NJ 07030 HOBOKEN NJ 07030
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

13-3121844 Not Applicable

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

6. Name and Address of Current Registered Agent

BALTODANO, J. ANTONIO
~~2132 TIGERTAIL AVENUE~~
~~COCONUT GROVE FL 33139~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1541 Brickell Avenue, Apt 2603

City **Miami** FL Zip Code **33129**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BALTODANO, J. ANTONIO	
STREET ADDRESS	2132 TIGERTAIL AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENDERLIN, ANDREAS	
STREET ADDRESS	2 HUDSONPLACE 8TH FLOOR	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMERINI, EZEQUIEL	
STREET ADDRESS	% FOX & HORAN, 1 BROADWAY	
CITY-ST-ZIP	NY NY 10004	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALTODANO, DUILIO P	
STREET ADDRESS	2 HUDSON PLACE 8TH FLOOR	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ETKIN, RICHARD	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ 07030	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SALVADOR	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ 07030	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Salvador Rodriguez 3/11/04 201-418-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

66406825



MOORE CR2E034 (11/03)