

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023562 1. Entity Name SANTA LUCIA SPECIALTY COFFEE, INC.		
Principal Place of Business 76 DAVIS RD PALM SPRINGS, FL 33461		Mailing Address 76 DAVIS RD PALM SPRINGS, FL 33461
2. Principal Place of Business 604 waterway village Suite, Apt. #, etc.		3. Mailing Address 604 waterway village Suite, Apt. #, etc.
4. FEI Number 81-0554165		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CARRILLO, DARLENE 2072 S MILITARY TRAIL WEST PALM BEACH, FL 33415
7. Name and Address of New Registered Agent Name Oscar A. Arboleda Street Address (P.O. Box Number is Not Acceptable) 604 waterway village City West Palm beach FL Zip Code 33413		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, the registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE: 4-29-03
9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: ARBOLEDA, OSCAR A <input type="checkbox"/> Delete STREET ADDRESS: 76 DAVIS RD CITY-ST-ZIP: PALM SPRINGS, FL 33461	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	CR20034 (10/02)
TITLE: D NAME: GALLEGO, OLGA LUCIA <input type="checkbox"/> Delete STREET ADDRESS: 76 DAVIS RD CITY-ST-ZIP: PALM SPRINGS, FL 33461	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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)(1), 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 an officer or trustee empowered.		
SIGNATURE: Signature and typed or printed name of signing officer or director. Date: 04-29-03		