2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
05-04-2004 90126 028 ***150.00

DOCUMENT # 280155

1. Entity Name
CAWY BOTTLING CO., INC.

Principal Place of Business	Mailing Address
2440 NW 21 TERRACE MIAMI FLA. 33142	2440 NW 21 TERRACE MIAMI FLA. FL. 33142 US

66426230

031.12004 No.Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1055754
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO PA
814 PONCE DE LEON BLVD.
STE 505
CORAL GABLES, FL 33134

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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 changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	VILLALBA, DOMINGO
STREET ADDRESS	2800 SW 130 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	COSSIO, VINCENT
STREET ADDRESS	8400 MILLER DRIVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	GARCIA,FRANK
STREET ADDRESS	9341 COLLINS AVE., APT. 802
CITY-ST-ZIP	SURFSIDE, FL
TITLE	VM
NAME	COSSIO, VICENTE E
STREET ADDRESS	8930 SW 20 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. 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: [signature] EXECUTIVE V.P. 5/26/04 (305)634-8669
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #