



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 045 ***158.75

DOCUMENT # 664661 1. Entity Name COEX COFFEE INTERNATIONAL, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1978922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; display: inline-block;"> MONTELLO, LOUIS R 777 BRICKELL AVE STE 1070 MIAMI, FL 33131 </div>				7. Name and Address of New Registered Agent Name Garcia, Luis F Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd, Suite 930 City Coral Gables FL Zip Code 33134	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC ROMERO, ERNESTO 2121 PONCE DE LEON BLVD STE 930 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ALVAREZ, ERNESTO 2121 PONCE DE LEON BLVD STE 930 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, ALFREDO 2121 PONCE DE LEON BLVD STE 930 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, LUIS 221 PONCE DE LEON BLVD STE 930 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, LUIS F 2121 PONCE DE LEON BLVD STE 930 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 03/21/2007 (305) 459-5168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					