

# 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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MOORE CR2E034 (11/03)

|   |                           |                                 |   |   |                                   |
|---|---------------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # F93000003538</b>  |                           |                                 |   |  |                                   |
| Entity Name<br><b>MERCON COFFEE CORPORATION</b>   |                           |                                 |   |   |                                   |
| Principal Place of Business<br><b>2 HUDSON PLACE<br/>8TH FLOOR<br/>HOBOKEN NJ 07030<br/>US</b>  |                           |                                 | Mailing Address<br><b>2 HUDSON PLACE<br/>8TH FLOOR<br/>HOBOKEN NJ 07030<br/>US</b>          |   |                                   |
| 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<br><b>13-3121844</b>  |                                   |
|   |                           |                                 |   | Applied For<br>Not Applicable   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           |                                 |   | \$8.75 Additional Fee Required  |                                   |
| 6. Name and Address of Current Registered Agent   |                           |                                 | 7. Name and Address of New Registered Agent   |   |                                   |
| Name<br><b>BALTODANO, J. ANTONIO</b>  |                           |                                 | Name  |   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2132 TIGERTAIL AVENUE<br/>COCONUT GROVE FL 33139</b>   |                           |                                 | Street Address (P.O. Box Number is Not Acceptable)<br><b>1541 Brickell Avenue, Apt 2603</b> |   |                                   |
| City<br><b>MIAMI</b>  |                           |                                 | City<br><b>MIAMI</b>  |   |                                   |
| State<br><b>FL</b>  |                           |                                 | State<br><b>FL</b>  |   |                                   |
| Zip<br><b>33129</b>   |                           |                                 | Zip<br><b>33129</b>   |   |                                   |
| 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 _____  |                           |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                           |                                 |   |   |                                   |
| 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   | C                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | BALTODANO, J. ANTONIO     |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 2132 TIGERTAIL AVENUE     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | COCONUT GROVE FL 33139    |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | PD                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ENDERLIN, ANDREAS         |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 2 HUDSONPLACE 8TH FLOOR   |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | HOBOKEN NJ                |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | S                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | CAMERINI, EZEQUIEL        |                                 | NAME  |   |                                   |
| STREET ADDRESS  | % FOX & HORAN, 1 BROADWAY |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | NY NY 10004               |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | BALTODANO, DULIO P        |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 2 HUDSON PLACE 8TH FLOOR  |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | HOBOKEN NJ                |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | EVP                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ETKIN, RICHARD            |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 2 HUDSON PLACE            |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | HOBOKEN NJ 07030          |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | T                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | RODRIGUEZ, SALVADOR       |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 2 HUDSON PLACE            |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | HOBOKEN NJ 07030          |                                 | 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: <i>Salvador Rodriguez</i>  |                           |                                 | 3/11/04 201-418-5540  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |                                 | Daytime Phone #   |   |                                   |