


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90291 023 ***150.00

DOCUMENT # M42341

1. Entity Name
COLONIAL COLOMBIAN COFFEE CORP.




Principal Place of Business Mailing Address

3250 N.W. 60 ST. 3789 W. 18TH AVE 3250 N.W. 60 ST. 3789 W. 18TH AVE.
MIAMI, FL 33142 HIALEAH, FL MIAMI, FL 33142 HIALEAH, FL 33012

44027528

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0068580 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ACEVEDO, ORLANDO
3250 N.W. 60 ST.
MIAMI, FL 33142

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00

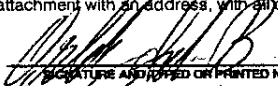
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PD |
| NAME | ACEVEDO, RICARDO |
| STREET ADDRESS | 3250 N.W. 60TH STREET 3789 W 18TH AVE. |
| CITY-ST-ZIP | MIAMI, FL HIALEAH, FL 33012 |
| TITLE | VD |
| NAME | ACEVEDO, LUIS RAFAEL |
| STREET ADDRESS | 3250 N.W. 60TH STREET 3789 W. 18TH AVE. |
| CITY-ST-ZIP | MIAMI, FL HIALEAH, FL 33012 |
| TITLE | SD |
| NAME | ACEVEDO, ORLANDO |
| STREET ADDRESS | 3250 N.W. 60TH STREET 3789 W. 18TH AVE. |
| CITY-ST-ZIP | MIAMI, FL HIALEAH, FL 33012 |
| TITLE | TD |
| NAME | MARTIN ACEVEDO, ABELARDO |
| STREET ADDRESS | 3250 N.W. 60TH STREET 3789 W. 18TH AVE. |
| CITY-ST-ZIP | MIAMI, FL HIALEAH, FL 33012 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 another like empowered.

SIGNATURE:  **ORLANDO ACEVEDO** **4-7-04** **305-557-6336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #