


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 031 ***150.00

DOCUMENT # M42341	
1. Entity Name COLONIAL COLOMBIAN COFFEE CORP.	

Principal Place of Business 3789 W 18TH AVE 3781 W. 18TH AVE. HIALEAH, FL 33012	Mailing Address 3789 W 18TH AVE 3781 W. 18TH AVE. HIALEAH, FL 33012
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ACEVEDO, ORLANDO 3250 N.W. 60 ST. 3781 W. 18TH AVE. MIAMI, FL 33142 Hialeah, FL 33012	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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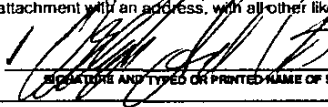
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	ACEVEDO, RICARDO
STREET ADDRESS	3789 W 18TH AVE 3781 W. 18TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VD <input type="checkbox"/> Delete
NAME	ACEVEDO, LUIS RAFAEL
STREET ADDRESS	3789 W 18TH AVE 3781 W. 18TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD <input type="checkbox"/> Delete
NAME	ACEVEDO, ORLANDO
STREET ADDRESS	3789 W 18TH AVE 3781 W. 18TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	TD <input type="checkbox"/> Delete
NAME	MARTIN ACEVEDO, ABELARDO
STREET ADDRESS	3789 W 18TH AVE 3781 W. 18TH AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(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.	
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SIGNATURE: 	ORLANDO ACEVEDO, SECRETARY	4-25-05	305-557-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #