004 FOR PROFIT CORPORATION **ANNUAL REPORT**

ÓCUMENT # P01000094662

COSTA RICA'S BEST COFFEES, INC.

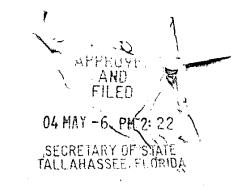
Principal Place of Business

2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

Mailing Address

2665 S. BAYSHORE DR., STE. 703

MIAMI, FL 33133





DO NOT WRITE IN THIS SPACE

04122004 No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

Timothy D. Richards

SIGNATURE:

WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

4/12/04 (305) 858-9900

Daytime Phone #

Date

 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					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be	# 5 3 de 1
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CLY-ST-ZIP	DPS PIRIE, FRASER 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133				\$150.00
THILE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY D 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133			80 05/17	00036521978 /0401074002 ***400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_]	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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					

OFFICER OR DIRECTOR