


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 022 ***150.00

DOCUMENT # P01000102456			
1. Entity Name BRASCOFFEE IMPORTERS CORP.			
Principal Place of Business 6606 KINGSPONTE PKWY ORLANDO FL 32819		Mailing Address 6606 KINGSPONTE PKWY ORLANDO FL 32819	
2. Principal Place of Business 7751 KINGSPONTE PKWY Suite, Apt. #, etc. SUITE 127 City & State ORLANDO, FL Zip 32819 Country USA		3. Mailing Address 7751 KINGSPONTE PKWY Suite, Apt. #, etc. SUITE 127 City & State ORLANDO, FL Zip 32819 Country USA	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent BRAGA, MARIO C 3225 ARDEN VILLAS BLVD, UNIT #9 ORLANDO FL 32817		7. Name and Address of New Registered Agent Name BRAGA, MARIO Street Address (P.O. Box Number is Not Acceptable) 7751 KINGSPONTE PKWY # 127 City ORLANDO FL Zip Code 32819	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DP BRAGA, MARIO C 6606 KINGSPONTE PKWY ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7751 KINGSPONTE PKWY # 127 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUARTE, NORBERTO R 6606 KINGSPONTE PKWY ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7751 KINGSPONTE PKWY # 127 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO C BRAGA

01/29/04

(407) 3557810