

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-09-2004 90024 023 ***150.00

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DOCUMENT # P02000083571

1. Entity Name
COCONUT GROVE INTERNET CAFE & LOUNGE, INC.



bb4U0043



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address

1602 ALTON ROAD 1602 ALTON ROAD
 SUITE 429 SUITE 429
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address

2977 McEARLANERD, #100-A **1602 ALTON ROAD #429**

City & State City & State

COCONUT GROVE FL 33133 **MIAMI BEACH FL 33139**

Country Country

FLA **FLA**

4. FEI Number Applied For

01-0739234 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

LESKEVICIENE, GIEDRE
 1602 ALTON ROAD
 SUITE 429
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: **RICHARD WASELSTEIN**
 Street Address (P.O. Box Number is Not Acceptable): **1727 KANE CONCOURSE (96ST) BAY HARBOR ISLANDS**
 City: **FL** Zip Code: **33154**

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: *[Signature]* DATE: **03/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00
 Make Check Payable to Florida Department of State

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

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10. OFFICERS AND DIRECTORS

TITLE	D PVSD	<input type="checkbox"/> Delete
NAME	LESKEVICIENE, GIEDRE	
STREET ADDRESS	1602 ALTON ROAD #429	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ND	<input type="checkbox"/> Delete
NAME	LESKEVICIENE GIEDRE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

SIGNATURE: *[Signature]* DATE: **03/02/04**

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