


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.			
Principal Place of Business 1602 ALTON ROAD SUITE 429 MIAMI BEACH FL 33139		Mailing Address 1602 ALTON ROAD SUITE 429 MIAMI BEACH FL 33139	
2. Principal Place of Business 2977 McFARLANE RD, #100-A		3. Mailing Address 1602 ALTON ROAD SUITE 429	
City & State COCONUT GROVE FL		City & State MIAMI BEACH FL	
Zip 33133	Country DADE	Zip 33139	Country DADE
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 RICHARD WASELSTEIN 1120 KANE CONCOURSE (96ST) BAY HARBOR ISLANDS FL 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			
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. <input type="checkbox"/> \$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	D PVSD LESKEVICIENE, GIEDRE 1602 ALTON ROAD #429 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **01-0739234** Applied For ☐ Not Applicable ☐

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

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

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CITY-ST-ZIP

**D PVSD
LESKEVICIENE, GIEDRE
1602 ALTON ROAD #429
MIAMI BEACH FL 33139**

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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 all other like empowered.

SIGNATURE: [Signature]

03/02/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #