

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 011 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000096584			14013290
1. Entity Name TROPICAL SPRING WATER, COFFEE SERVICE AND SUPPLIES CORP.			
Principal Place of Business 6156 NW 74 AVE MIAMI, FL 33166		Mailing Address 6156 NW 74 AVE MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent ABESADA, PETER R ESQ 2725 SALZEDO STREET CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE	
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: Typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
DO NOT WRITE IN THIS SPACE			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		D MAREMA, RAFAEL 6156 NW 74 AVE MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		D MAREMA, KENIA 6156 NW 74 AVE MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY, ST, ZIP			
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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 changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		4/23/04 305-266-1058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	