2005

~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000096584

1. Entity Name
TROPICAL SPRING WATER, COFFEE SERVICE AND SUPPLIES CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 7:54

Principal Place of Business	Mailing Address
6156 NW 74 AVE MIAMI, FL 33166	6156 NW 74 AVE MIAMI, FL 33166

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2073105

Applied For ☐
Not Applicable ☐

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

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 _____ DATE
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 $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARESMA, RAFAEL
STREET ADDRESS	6156 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	MARESMA, KENIA
STREET ADDRESS	6156 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700054339777
05/12/05--01071--006 **150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #