FILED May 14, 2003 8:00 am Secretary of State

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1. Entity Nan	ne L SPRING WATER, COFFEE	0096584 SERVICE AND SUI	PPLI			04-28-2003 9021			
Principal Place of Business 6156 NW 74 AVE MIAMI FL 33166		Mailing Address 6156 NW 74 AVE MIAM FL 33166			55040653		5 3		
		moran it adjoo							
2. Principal Place of Business		3. Mailing Address					1 16918 BAIN 11861		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number Applied For 54-2073/05 Not Applied			oplied For of Applicable	7
Zip	Country	Zip	Country		5. Certificate of Sta		\$8.75 Ad	ditional	1
	6. Name and Address of Current R	legistered Agent			7. Name and Addre	esa of New Registered	Agent		1
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ABESADA, PETER R ESQ				Street Address (P.O. Box Number is No	ot Acceptable)			1
2725 SALZEDO STREET			<u> </u>			<u> </u>		·	┨.
CORAL GABLES FL 33134									ļ
,	; .	•	-	City		F	Zip Cod	6	1
8. The above	named entity submits this statement for	the nurgose of changing its	registered o	ffice or register	ed agent or both in th			and accept	1
	ions of regimered agent.	are perpose of arming res	· og · oto · ou · u		oo agam, ar aam, ma	/	/	and decop.	ĺ
015144714		Ko	om h	LALBON	P. 14	4/22	103		l
SIGNATUR	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered Apr	nt signature required	when reinstating)	DATE			ļ
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of the state of t	State			1	Campaign Financing d Contribution.		May Be I to Fees	
10,	OFFICERS AND D		11.		ADDITIONS/CHAN	GES TO OFFICERS AN	D DIRECTORS	S IN 11	1
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	ହ
NAME	MARESMA, RAFAEL		NAME						اق
STREET ADDRESS	6156 NW 74 AVE		STREET AL						各
CITY-ST-ZIP	MIAMI FL 33168		CHY-ST-	ZIP		<u></u>	_ <u></u>		CR2E034 (10/02)
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CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-						}
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STREET ADDRESS			STREET AL	,					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAME , STREET AD CITY-ST-2 TITLE NAME	np		- 		☐ Addition	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

GNATURE:

GNATURE:

GNATURE:

SIGNATURE: