

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/28/2

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-28-2004 90022 031 ***550.00

DOCUMENT # P02000131279

1. Entity Name
RAPI 2 COFFEE SHOP, INC.



Principal Place of Business
**1000-B EAST LEJEUNE ROAD
HIALEAH, FL 33010**

Mailing Address
**1000-B EAST LEJEUNE ROAD
HIALEAH, FL 33010**



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1166378

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**COCA, PATRIA I
16546 SW 51 STREET
MIRAMAR, FL 33027**

**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]
ROLANDO COCA 8-4-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COCA, PATRIA I
16546 SW 51 STREET
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
COCA, ROLANDO
16546 SW 51 STREET
MIRAMAR, FL 33027**

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-04 (305) 882-8989

Date

Daytime Phone #