


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-03-2004 90403 041 ***150.00

DOCUMENT # P03000016365					
1. Entity Name COCONUTS CUBAN CAFE & DELI, INC.					
Principal Place of Business 160 W. EVERGREEN AVENUE, STE 270 LONGWOOD FL 32750			Mailing Address 160 W. EVERGREEN AVENUE, STE 270 LONGWOOD FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc:			Suite, Apt. #, etc:		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-0500367	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TATO, MANUEL II 160 W. EVERGREEN AVENUE, STE 270 LONGWOOD FL-32750				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
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 TATO, MANUEL II 160 W. EVERGREEN AVENUE, STE 270 LONGWOOD FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			4/30/04 407-767-9977		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

66423481



160 West Evergreen Avenue . Suite 270 . Longwood . Florida . 32750

Phone: 407-767-9977 . Fax: 407-767-9877

May 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P03000016365

Dear Sir/Madam:

I am in receipt of your letter dated May 12, 2004 wherein you advised you were in receipt of my annual report/uniform business report and check totaling \$150. You mentioned that the report had not been filed and a copy was returned to me for additional information, i.e., the Federal Employer Identification (FEI) number.

Please be advised that I have completed Block 4 by entering the FEI number. I apologize for any inconvenience this may have caused and thank you for your cooperation and assistance in this matter.

Sincerely,

Manny Tato
*Signed in Mr. Tato's
absence to avoid delay*

MT:fs

Enclosure: As stated above