


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90046 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
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2. Principal Place of Business 598 S. RONALD REAGAN BLVD Suite, Apt. #, etc.	3. Mailing Address 598 S. RONALD REAGAN BLVD Suite, Apt. #, etc.
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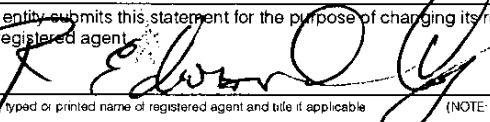
1st MOORE CR2E034 (10/04)

City & State LONGWOOD, FL	City & State LONGWOOD
Zip 32750	Zip 32750
Country USA	Country USA

4. FEI Number 45-0500367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TATO, MANUEL II 160 W. EVERGREEN AVENUE, STE 270 LONGWOOD FL 32750
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7. Name and Address of New Registered Agent Name: R. Edward Cooley, Esquire Street Address (P.O. Box Number is Not Acceptable): Shepherd, McCabe & Cooley 1450 SR 434 West, Ste 200 City: LONGWOOD, FL Zip Code: 32750

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME TATO, MANUEL II
STREET ADDRESS 160 W. EVERGREEN AVENUE, STE 270	CITY-ST-ZIP LONGWOOD FL 32750
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 598 S. RONALD REAGAN BLVD.
STREET ADDRESS LONGWOOD, FL 32750	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/31/05 Date	407-767-9977 Daytime Phone #
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