

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90403 042 \*\*\*150.00

**DOCUMENT # P03000019220**

1. Entity Name  
**COCONUTS CUBAN CAFE, INC.**



Principal Place of Business  
**1020 EDMISTON PLACE  
LONGWOOD FL 32779**

Mailing Address  
**1020 EDMISTON PLACE  
LONGWOOD FL 32779**

**66428968**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEREZ, MARIA C  
1020 EDMISTON PLACE  
LONGWOOD FL 32779**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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 PEREZ, MARIA C 1020 EDMISTON PLACE LONGWOOD FL 32779 <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: \_\_\_\_\_ Date: **4/20/04** Daytime Phone #: **407-761-9977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



1020 Edmiston Place . Longwood . Florida . 32779

June 18, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ref No. : P03000019220

Dear Sir/Madam:

I am in receipt of your letter dated May 12, 2004, postmarked May 18, 2004 and received in this office on May 20, 2004 regarding the return of our Annual Report/Uniform Business Report for the above-referenced.

Please be advised that we have not started our operation at this time and, therefore, have not applied for a Federal Employer Identification (FEI) number. Pursuant to a telephone call to the Annual Reports Section, I was advised to return the form and check off Box 4 "not applicable". Said copy of the report is attached hereto and returned in accordance with your instructions.

Sincerely,

Maria C. Perez  
Signed in Mrs. Perez's  
absence to avoid delay