

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90166 044 ***158.75

DOCUMENT # P03000024964

1. Entity Name
STEVE'S ESPRESSO #3, INC.



Principal Place of Business
**2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH, FL 33162**

34000012

2. Principal Place of Business
21644 ST. RD. 7
Suite, Apt. #, etc.

3. Mailing Address
10386 ISLANDER DR.
Suite, Apt. #, etc.



02262004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL
Zip
33428
Country
USA

City & State
BOCA RATON, FL
Zip
33498
Country
USA

4. FEI Number
08-0551317
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIPKIN, SHELDON
2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH, FL 33162**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 GERON, LEE 2020 NE 163RD STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GELBER, RICHARD 2020 NE 163RD STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHIPITOVSKY, BARRY 2020 NE 163RD STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANA GERON 10386 ISLANDER DR. BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: D. Geron **DANA GERON**

4.14.04 561-929-6902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #