2005 FOR PROFIT CORPORATION Reports NAV U & ZUUS

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DOCUMENT # P03000032601								FIL 5 HAY	EU	12	
1. Entity Name							0'	1,,	MA 0	11: 12	
INTERNATIONAL COFFEE & TEA DISTRIBUTORS, INC.				<b>阿克</b>			_	YAH .	-7 "	NIE.	
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Principal Place of Business Mailing Address								cs China	CLSEE.	FLO	
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	•	n n	10000		11/16 (A) 11/1 11/1 11/1						
2. Principal Place of Business 16 427: Brookfield EstatSulay 16427 Brookfield Estates Way											
16427; Brookfield Estatsulay 16427 Brookfield Es					<i>n</i> y						
Suite, Apt. #, etc.						04202005	REIN-P	CR2E0	98 (6/04)		
City & State				FL		4. FEI Numbe	548993		-	plied For	
Delray	Beach FL Country	Delray Beu	Cour			<u> </u>	<u> </u>		8.75 Add	t Applicable	
3344(	o u.s.	33446		Š.		5. Certificate	of Status Desired		ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
Name											
GOLUB, SHELDON 16427 BROOKFIELD ESTATES WAY					Street Address (P.O. Box Number is Not Acceptable)						
DELRAY BEACH, FL 33446											
									Zin Code		
				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 registrered agent.											
SIGNATURE Signature, typed or printed name of registered agreat algorithms. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
""									·		
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.			ADDITIONS/	CHANGES TO OFF		_	• 7	
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12. I hereby	certify that the information supplied with	this filing does not qualify for	or the ex	emption sta	ted in Se	ction 119.07(3)	i), Florida Statutes.	I further cert	ify that the in	nformation	
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 a 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 of the received 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 ampliance.											
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: TOO POUR TIEST											
5.5.174	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIRE	CTOR			Date	De	ytime Phone #		