2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90323 035 ***150.00

DOCUMENT # P03000037099

1. Entity Name
BREWED AWAKENINGS GOURMET COFFEE, INC.

14013616

04192004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
P.O.BOX 702365 ST CLOUD, FL 34770	P.O.BOX 702365 ST CLOUD, FL 34770

2. Principal Place of Business	3. Mailing Address
4577 13th St.	4577 13th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL.	City & State: St. Cloud, FL.
Zip: 34769 County: US	Zip: 34769 County: US

4. FEI Number: 01-69-4154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SERGI, DAVID 1390 EMERALD DR KISSIMMEE, FL 34744	Name: Ben Vanek Street Address (P.O. Box Number is Not Acceptable): 2664 Emerald lake Ct. City: Kissimmee FL Zip Code: 34744

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] 4/27/04
Signature of new registered agent (and old, if applicable) — DATE
(NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SERGI, DAVID 1390 EMERALD DR KISSIMMEE, FL 34744	☑ Delete	P Vanek, Ben 2664 Emerald lake Ct. Kissimmee, FL. 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS TROUGH, MAUREEN 1390 EMERALD DR KISSIMMEE, FL 34744	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VANEK, BEN 2664 EMERALD CT KISSIMMEE, FL 34744	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 4/27/04 (407)973-3000
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #