


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90072 018 ***158.75

DOCUMENT # P03000042299 1. Entity Name COINMASTERS OF MIAMI INC.																															
Principal Place of Business 2441 NW 93RD AVE., SUITE 109B MIAMI, FL 33172		Mailing Address 2441 NW 93RD AVE., SUITE 109B MIAMI, FL 33172																													
2. Principal Place of Business 315-86th St. Suite, Apt. #, etc. #3 City & State MIAMI BEACH, FL. Zip 33141 Country U.S.A.		3. Mailing Address 315 86th St. Suite, Apt. #, etc. #3 City & State MIAMI Beach, FL. Zip 33141 Country U.S.A.																													
4. FEI Number 26-0071934		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MELENDEZ, STAVROULAS 2441 NW 93RD AVE., SUITE 109B MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 315-86th Street #3 City MIAMI BEACH FL Zip Code 33141																													
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 <u><i>Stavroula Menendez</i></u> STAVROULA MENDEZ 04/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> TITLE D NAME MENDEZ, STAVROULAS STREET ADDRESS 2441 NW 93RD AVE., SUITE 109B CITY-ST-ZIP MIAMI, FL 33172 </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP 315-86th St., #3 MIAMI BEACH, FL, 33141 </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE D NAME MENDEZ, STAVROULAS STREET ADDRESS 2441 NW 93RD AVE., SUITE 109B CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 315-86th St., #3 MIAMI BEACH, FL, 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> 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: <u><i>Stavroula Menendez</i></u> STAVROULA MENDEZ 04/13/04 (305) 718-3515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															