

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074993

Entity Name: LHI COCOA CORP.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

4512 N FLAGLER DR
W PALM BCH, FL 33407

New Principal Place of Business:

4512 N FLAGLER DR
#201
W PALM BCH, FL 33407

Current Mailing Address:

4512 N FLAGLER DR
W PALM BCH, FL 33407

New Mailing Address:

PO BOX 6848
W PALM BCH, FL 334056848

FEI Number: 51-0473347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MARK R
4512 N FLAGLER DR
W PALM BCH, FL 33407

Name and Address of New Registered Agent:

MAY, MARK R
4512 N FLAGLER DR
#201
W PALM BCH, FL 33407

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.

SIGNATURE:

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAY, MARK R
Address: 4512 N FLAGLER DR
City-St-Zip: W PALM BCH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MAY, MARK R
Address: 4512 N FLAGLER DR #201
City-St-Zip: W PALM BCH, FL 33407

Title: VP () Change (X) Addition
Name: KAROSAS, MICHAEL R
Address: 4512 N. FLAGLER DR #201
City-St-Zip: W PALM BEACH, FL 33407

Title: CFOT () Change (X) Addition
Name: COVE, MICHAEL L
Address: 4512 N. FLAGLER DR #201
City-St-Zip: W PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. MAY

DP

04/07/2004

Electronic Signature of Signing Officer or Director

Date