

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90006 047 ***158.75

DOCUMENT # P03000148414

1. Entity Name
BLACK BEANS, INC.



Principal Place of Business
8218 HANLEY ROAD
TAMPA, FL

Mailing Address
8218 HANLEY ROAD
TAMPA, FL

44049554

2. Principal Place of Business

3. Mailing Address

10035 W. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tampa FL 33615

4. FEI Number

90-0465129

Applied For

Not Applicable

Zip

Country

Zip

Country

33615

United States

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

RICARDO A. ROIG, P.A.
4023 NORTH ARMENIA AVENUE
SUITE 400
TAMPA, FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE mbr ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE mbr ☐ Change ☒ Addition
NAME Eladio Seijo
STREET ADDRESS 4747 W. Waters Ave. Apt. 3002
CITY-ST-ZIP Tampa, FL 33614

TITLE mbr ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE mbr ☐ Change ☒ Addition
NAME Maria Perez
STREET ADDRESS 1160 W. 47th St.
CITY-ST-ZIP Hialeah, FL 33012

TITLE Ricardo A. Roig, P.A. ☒ Delete
NAME 4023 North Armenia Ave.
STREET ADDRESS Suite 400
CITY-ST-ZIP Tampa, FL 33607

TITLE Secretary ☐ Change ☒ Addition
NAME Irelio Arroyal
STREET ADDRESS 9804 Bay Island Dr.
CITY-ST-ZIP Tampa, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/06/04 (813) 888-4224

\$150.00