2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2005 8:00 am Secretary of State 02-22-2005 90032 017 ***150.00



DOCUMENT # P04000133347 1. Entity Name THE GREEN COFFEE BEAN INC. Principal Place of Business Mailing Address 66007293----5134 NW 58TH TERRACE 5134 NW 58TH TERRACE CORAL SPRINGS, FL 33067 : US CORAL SPRINGS, FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) Cha-F City & State City & State Applied For 20-1662653 Not Applicable Zīo Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONTRERAS, GLORIA 5134 NW 58TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33067 City 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, hoted or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE Delete TIME Change CONTRERAS, GLORIA HAME HANE STREET ADDRESS 5134 NW 58TH TERRACE STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33067 CITY-ST-7P TITLE VPTO ☐ Delete TITLE ☐ Change Add:tion AMEZCUA, EFFIE HAME RALE 9931 SW 1ST COURT STREET ADDRESS STREET ACCIDENCE CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Channe ☐ Addition TILE DILE ☐ Delete NAME -STREET-ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE C Delete TITLE ~ [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ACCRESS STREET ADDRESS CITY+ST-ZP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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: Gloviu Contraccus, Z	resident	2/16/05	
EIGHATURE AND TYPED OR PRINTED HAME OF 6	IGNING OFFICER OF DIRECTOR	Date	Daytene Phone #