

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90547 006 \*\*\*150.00

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04122005 Chg-P CR2E034 (10/03)

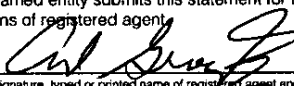
<b>DOCUMENT # P04000164362</b>	
1. Entity Name <b>C.R. COFFEE CORP.</b>	

Principal Place of Business <b>1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020</b>	Mailing Address <b>1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business <b>3650 WASHINGTON LN</b> Suite, Apt. #, etc. <b>WASHINGTON LN</b> City & State <b>COOPER CITY, FL</b> Zip <b>33026</b> Country <b>USA</b>	3. Mailing Address <b>3650 WASHINGTON LN</b> Suite, Apt. #, etc. <b>COOPER CITY, FL</b> City & State <b>COOPER CITY, FL</b> Zip <b>33026</b> Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>HOCHSZTEIN, FRED ESQ 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020</b>	
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7. Name and Address of New Registered Agent Name <b>ARNOLD GREENBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>3650 WASHINGTON LANE</b> City <b>COOPER CITY</b> FL Zip Code <b>33026</b>	
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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  <b>ARNOLD GREENBERG</b> DATE <b>4/20/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT GREENBERG, ARNIE 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT GREENBERG, ARNOLD 3650 WASHINGTON LN COOPER CITY, FL 33026</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS GREENBERG, NANCY 1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS GREENBERG, NANCY 3650 WASHINGTON LN COOPER CITY, FL 33026</b> <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
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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

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.

<b>SIGNATURE:</b>  <b>ARNOLD GREENBERG</b> DATE <b>4/20/05</b> (954) 450-2522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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