2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000062126

1. Entity Name
GOOD COFFEE, INC.

Principal Place of Business	Mailing Address
1131 E. COMMERCIAL BLVD. OAKLAND PARK, FL 33334	1131 E. COMMERCIAL BLVD. OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0602119

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAAD, MARWAN
1900 S. OCEAN BLVD., APT. 2-C
POMPANO BEACH, FL 33062

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAAD, MARWAN
STREET ADDRESS	1900 S OCEAN BLVD APT 2-C
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
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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: _MARWAN SAAD_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16 04   954 493 5034
Date   Daytime Phone #