

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070624

FILED  
Mar 15, 2004  
Secretary of State

**Entity Name:** INTERNATIONAL COFFEE WAREHOUSE OF MIAMI, INC.

**Current Principal Place of Business:**

3300 NW 73RD ST  
MIAMI, FL 33147 US

**New Principal Place of Business:**

3600 NW 59 STREET  
MIAMI, FL 33142 US

**Current Mailing Address:**

3245 S.W. 96TH AVENUE  
MIAMI, FL 33165

**New Mailing Address:**

3600 NW 59TH STREET  
MIAMI, FL 33142

**FEI Number:** 65-0614371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEAL, RAQUEL  
3245 S.W. 96TH AVENUE  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEAL, RAQUEL  
Address: 3245 S.W. 96TH AVE  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: LEAL, RICHARD  
Address: 3230 S.W. 96TH AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LEAL, ROBERTO  
Address: 3245 SW 96 AVE.  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD LEAL

ST

03/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date