2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: DA

Secretary of State DOCUMENT # P96000092276 04-22-2005 90268 039 ***150.00 1. Entity Name COFFEEGRAIN GROUP, INC. Principal Place of Business Maiting Address 20041193 2739 W 79 ST 2739 W 79 ST BAY # 13 BAY # 13 HIALEAH, FL 33016 HIALEAH, FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0709526 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALDERON, JUAN M Street Address (P.O. Box Number is Not Acceptable) 2739 W. 79 ST. BAY #13 HIALEAH, FL 33016 City 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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE MLE "Gomez lina M 5521 NW 112 AVE. #107 Delete ☐ Change ☐ Addition GOMEZ, LINA M NAME NAME STREET ADDRESS 10730 N PRESERVE WAY APT 303 STREET ADDRESS MIRAMAR, FL 33025 Doral FL. 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME GOMEZ MORA, ALEJANDRO NAME 23-69 CALLE MIRANDA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEVILLA, VA CITY-ST-ZIP VPS MIF ☐ Delete IIILE ☐ Change ■ Addition GOMEZ, CARLOS D NAME MALE STREET ADDRESS 53-41 CALLE MIRANDA STREET ADDRESS CITY-ST-ZIP SEVILLA, VA CITY-ST-7IP TITLE □ Delete TIME ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1M F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE Delete TILE ☐ Channe ■ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 tepeiver 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 attactprinent with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oaytime Phone #

FILED

Apr 22, 2005 8:00 am