

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90085 011 \*\*\*150.00

DOCUMENT # P97000100806

1. Entity Name  
GRIND A BEAN, INC.



Principal Place of Business  
11755 SOUTHWEST 53RD PLACE  
COOPER CITY, F; 33330

Mailing Address  
11755 SOUTHWEST 53RD PLACE  
COOPER CITY, F; 33330

54002090



2. Principal Place of Business

15955 PINES BLVD  
Suite, Apt. #, etc.  
PENNACOLE PINES, FLORIDA  
City & State

3. Mailing Address

15955 PINES BLVD  
Suite, Apt. #, etc.  
PENNACOLE PINES, FLORIDA  
City & State

01102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0797932 Applied For Not Applicable

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

Zip 33027 Country U.S.A.

Zip 33027 Country U.S.A.

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: HOWARD FINKELSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
11755 SW 53 PL  
City: COOPER CITY, FL Zip Code 33330

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: Howard Finkelstein HOWARD FINKELSTEIN, PRES DATE: 1/26/04

(NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FINKELSTEIN, HOWARD  
STREET ADDRESS 11755 SOUTHWEST 53RD PLACE  
CITY-ST-ZIP COOPER CITY, F; 33330 ☐ Delete

TITLE VSTD  
NAME FINKELSTEIN, GALE  
STREET ADDRESS 11755 SOUTHWEST 53RD PLACE  
CITY-ST-ZIP COOPER CITY, F; 33330 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Howard Finkelstein HOWARD FINKELSTEIN DATE: 1/26/04 DAYTIME PHONE #: 954-441-2364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #