


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 029 ***150.00

DOCUMENT # P99000020330 1. Entity Name EASY REFRESHMENTS INC.																													
Principal Place of Business 1041 NW 125 AVE. SUNRISE, FL 33323			Mailing Address 1041 NW 125 AVE. SUNRISE, FL 33323																										
2. Principal Place of Business 16359 Fern Dr Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Weston FL		City & State		4. FEI Number 65-0900488																									
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RAMIREZ, MIKAL 10359 FERN DR. WESTON, FL 33326				7. Name and Address of New Registered Agent Name Sandra del Valle Street Address (P.O. Box Number is Not Acceptable) 16359 Fern Dr City Weston FL Zip Code 33326																									
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 Sandra del Valle (NOTE: Registered Agent signature required when reinstating) DATE 04-02-04																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAMIREZ, MIKAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16359 FERN DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33326</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	RAMIREZ, MIKAL		STREET ADDRESS	16359 FERN DR.		CITY-ST-ZIP	WESTON, FL 33326		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">President</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sandra del Valle</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16359 Fern Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Weston FL 33326</td> <td></td> </tr> </table>			TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Sandra del Valle		STREET ADDRESS	16359 Fern Dr		CITY-ST-ZIP	Weston FL 33326	
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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: **Sandra del Valle** **04-02-04** **(954)3847335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #