

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V59545

1. Entity Name
NEGUSTI COFFEE, INC.



Principal Place of Business
2309 PONCE DELEON BLVD.
CORAL GABLES, FL 33134 US

Mailing Address
9745 SUNSET DRIVE
201
MIAMI, FL 33173-4649 US



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0414039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, MANUEL
343 CENTER ISLAND DR
GOLDEN BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

U00000248877
03/02/05-80047-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, MANUEL
STREET ADDRESS 343 CENTER ISLAND DR.
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE VTSD
NAME KELLY, BONNIE
STREET ADDRESS 343 CENTER ISLAND DR.
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE D
NAME HERNANDEZ, MANUEL SR.
STREET ADDRESS 343 CENTER ISLAND DR.
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Kelly
JP

2/10/2005

305-444-1764