2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

HAND & CASHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # 507628 1. Entity Name THE COBWEB SHOPPE, INC.					Mar 03, 2005 08:00 AN Secretary of State				
THE COE	SWEB SHOPPE, INC.		}		ļ				
Principal Place of Business 8835 S.W. 129TH ST.		Mailing Address 8835 S.W. 129TH ST.							
MIAMI FL 3	331 76	MIAMI FL 33176							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt #, etc.		15	st MOORE	CR2E034	(10/04)		
City & State		City & State			4. FEI Numb	^{Der} 59-168219	9	<u> </u>	oplied For ot Applicable
Zip Country		Zip - Country		/	5. Certificate	e of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New I			
COOCH, FREDERICK C				Name					
883	35 S.W. 129TH ST.			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33176			_			·			
				City			FL	Zip Cod	е
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered	office or register	ed agent, or bo	oth, in the State of FI	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or prifited name of registered agent	and the second s	· ·-			· ·	D. 77		
			TE Hegislered A	gent signature required	when reinstating)	T	DATE		
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o					9. Election Camp Trust Fund Co	-		00 May Be ed to Fees
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	P COOCH, FREDERICK C. 8835 S.W 129TH ST. MIAMI FL	- □ Delete	NAME STREET I	ADDRESS 1-71P		HQQQQQ (3704705-8)		□ Change 158.7	☐ Addition 5
TITLE	VP	☐ Delete	זוזון				· , ·,	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	KEOMANYVAN, VAHNDY 16125 SW 101 AVE. MIAMI FL		NAME STREET A CLLY ST	ADDRESS 1 ZIP					
DILE NAME	ST PARTIN, DOROTHY A	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	11882 SW 196 TERR			AODRESS					
CHY-ST-ZIP	MIAMI FL 33177		CHY-ST	1 · ZIP					 _
name Street address		☐ Delete	DTLE NAME STREET	Acidress]	Change	Addition
CITY-ST-ZIP			CITY-ST	- ZIP					<u></u>
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET	ADDRESS			Į	Change	Addition
CITY-ST-ZIP			CITY-SF	1					
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET A				ſ	□ Change	Addition
12. I hereby of indicated of the cor	Certify that the information supplied with con this report or supplemental report is reporation or the receiver or trustee emporation or the receiver or trustee emporation and address, to a continuous contin	true and accurate and that rewered to execute this report	or the exemp my signature as required	otion stated in Sec e shall have the s	ame legal effe	ct as if made under	oath; that I an	an officer	or director

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