

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90024 038 ***150.00

DOCUMENT # F94000005908

1. Entity Name

COCO LOPEZ, INC.



Principal Place of Business

8000 GOVERNORS SQUARE BLVD
MIAMI LAKES FL 33016
US

Mailing Address

8000 GOVERNORS SQUARE BLVD
SUITE 102
MIAMI LAKES FL 33016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **66-0508917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME ANTHONY, GIL
STREET ADDRESS AVE NUNEZ CACERES, ESQUINA CALLE 1RA
CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP

TITLE DP ☒ Change ☐ Addition
NAME **Diego ARIAS**
STREET ADDRESS **AVE. NUNEZ CACERES, Esquina Calle 1RA**
CITY-ST-ZIP **Santo Domingo, Dominican Rep.**

TITLE DVT ☐ Delete
NAME SANELY, GISILA
STREET ADDRESS 429 LAKEVIEW DR #201
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☒ Change ☐ Addition
NAME **Sanchez, Gisela**
STREET ADDRESS **424 Lakeview DR # 201**
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME NICOLAS, MANUEL
STREET ADDRESS AVE NUNEZ CACERES, ESQUINA CALLE 1RA
CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP

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

TITLE S ☐ Delete
NAME RIVERA, HERNANDO A
STREET ADDRESS 1603 PONCE DE LEON AVE.
CITY-ST-ZIP SANTURCE PR 00909

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **GISELA SANCHEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 (305) 820-9095
Date Daytime Phone #