


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 030 ***158.75

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

14000711



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04272005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|-------------------------------|
| 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AGIAS, DIEGO AVE NUNEZ CACERES, ESQUINA CALLE 1RA SANTO DOMINGO, DOMINICAN REP. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LEONARDO VARGAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AVE. NUNEZ CACERES, ESA. CALLE 1RA SANTO DOMINGO, DOM. REP. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT SANCHEZ, GISELA 429 LAKEVIEW DR #201 FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | GISELA SANCHEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 LAKEVIEW DR #201 WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS NICOLAS, MANUEL AVE NUNEZ CACERES, ESQUINA CALLE 1RA SANTO DOMINGO, DOMINICAN REP. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RIVERA, HERNANDO A 1603 PONCE DE LEON AVE. SANTURCE, PR 00909 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gisela Sanchez* Date: 4/27/05 Daytime Phone #: (305) 820-9095

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

ATTACHMENT

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UNANIMOUS WRITTEN CONSENT OF DIRECTORS

The undersigned, constituting the remaining members of the Board of Directors of **Coco López, Inc.**, do hereby consent, in lieu of a meeting of the Board of Directors, to the following corporate action:

Resolved, that Mr. Leonardo Vargas be, as he is hereby, appointed, effective the date hereof, a director, to fill the vacancy in the board caused by the resignation of Mr. Diego Arias, and to serve until the next meeting of shareholders or until his successor is elected.

Resolved, that, in view of the resignation of Mr. Diego Arias, as President and Assistant Treasurer of this Corporation, that Mr. Leonardo Vargas be designated, effective the date hereof, as the President and Assistant Treasurer of Coco López, Inc. to serve until his successor is appointed.

In Witness Whereof, the undersigned execute the foregoing this 5 day of April 2004.


Manuel Nicolás


Cisela Sánchez