


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000005908  
 1. Entity Name  
 COCO LOPEZ, INC.



Principal Place of Business      Mailing Address  
 3401 SW 160TH AVENUE      3401 SW 160TH AVENUE, STE 350  
 STE 350      MIRAMAR, FL 33027 US  
 MIRAMAR, FL 33027 US

**DO NOT WRITE IN THIS SPACE**



02282006    No Chg-P    CR2E034 (11/05)

4. FEI Number 66-0508917	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARGAS, LEONARDO AVE NUNEZ CACERES, ESQUINA CALLE 1RA SANTO DOMINGO, DOMINICAN REP.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANCHEZ, GISELA 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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, HERNANDO A 1603 PONCE DE LEON AVE. SANTURCE, PR 00909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06 20003-018 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any attachment with an address, with all other like empowered.

SIGNATURE: Gisela Sanchez / GISELA SANCHEZ, VP    2/28/06    (954) 450-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #