


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M95680
 1. Entity Name
COOLIDGE, INC.



Principal Place of Business Mailing Address
C/O KUPFER, KUPFER & SKOLNICK, P.A. **C/O KUPFER, KUPFER & SKOLNICK, P.A.**
1700 UNIVERSITY DR. **1700 UNIVERSITY DR.**
CORAL SPRINGS, FL 33071-6089 **CORAL SPRINGS, FL 33071-6089**

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
52-1529822 Not Applicable

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

6. Name and Address of Current Registered Agent

KUPFER, PAUL H., ESQ.
1700 UNIVERSITY DR.
CORAL SPRINGS, FL 33071

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VTSD
NAME	DIAZ, ANA MARIA D
STREET ADDRESS	ZONA 1050 APT 51000
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	PD
NAME	DIALAVIE, CELESTINO I
STREET ADDRESS	5100 ZONA POSTAL 1050
CITY-ST-ZIP	CARCAS, VE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/04-80060-004 150.00

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 files empowered.

SIGNATURE: *Anthony...* 7/14/04 (954) 7553600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #