2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State
03-07-2005 90261 027 ***150.00

DOCUMENT # P04000166083

1. Entity Name

COCOA'S GRILLE, INC.

Principal Place of Business	Mailing Address
6200 20TH STREET SUITE 450 VERO BEACH FL 32966 US	6200 20TH STREET SUITE 450 VERO BEACH FL 32966 US

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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
6200 20TH ST		6200 20TH ST	
Suite, Apt. #, etc.: #450		Suite, Apt. #, etc.: #450	
City & State: VERO BEACH FL		City & State: VERO BEACH FL	
Zip: 32966	Country: USA	Zip: 32966	Country: USA

4. FEI Number: 20 2000394 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSS, NICOLE
6200 20TH STREET
SUITE 450
VERO BEAH FL 32966

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 [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3-1-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P RUSS, NICOLE 6200 20TH STREET SUITE 450 VERO BEACH FL 32966	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DERRICK, WILLIAM JR 6200 20TH STREET SUITE 450 VERO BEACH FL 32966	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3-1-05 — Daytime Phone #