## 2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000166083** 05-02-2006 90203 037 \*\*\*150.00 1. Entity Name COCOA'S GRILLE, INC. Principal Place of Business Mailing Address 6200 20TH STREET 6200 20TH STREET # 450 # 450 VERO BEACH, FL 32966 VERO BEACH, FL 32966 Principal Place of Business 3. Mailing Address 4225 NORTH ZZS NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) Cha-P בועט UNIT City & State City & State 4. FEI Number Applied For PIERCE FOR 20-2000394 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSS, NICOLE Street Address (P.O. Box Number is Not Acceptable) 6200 20TH STREET **SUITE 450** VERO BEAH, FL 32966 Zip Code 34949 PIERLE 8. The above named entity submits 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 SIGNATURE: rinted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 $\Box$ After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME RUSS, NICOLE RUSS, NICOLE NAME 4225 NORTHIWY ALA UNIT 1 STREET ADDRESS 6200 20TH STREET SUITE 450 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP FORT PIERCE FL 34949 TITLE Delete TITLE Change ■ Addition DERRICK, WILLIAM JE. DERRICK, WILLIAM JR NAME NAME 4225 NORTH HWY DIA UNIT 1 STREET ADDRESS 6200 20TH STREET SUITE 450 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP PIERCE, FL 34949 TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mr ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 tustee Impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachypion with in products, with all other like empowered.

**FILED**