2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000062897

1. Entity Name
COQUI BROTHERS, INC.

Principal Place of Business	Mailing Address
10540 NW 29 TERR. MIAMI, FL 33172	10540 NW 29 TERR. MIAMI, FL 33172

02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2674780
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, RODOLFO J
881 OCEAN DR.
#15A
KEY BISCAYNE, FL 33149

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERNANDEZ, MAURO D
STREET ADDRESS	6929 MINDELLO ST
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DV
NAME	HERNANDEZ, RODOLFO J
STREET ADDRESS	881 OCEAN DR #15A
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DS
NAME	ALVAREZ, JOSEFINA
STREET ADDRESS	6929 MINDELLO ST
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	DT
NAME	HERNANDEZ, YOLANDA J
STREET ADDRESS	881 OCEAN DR #15A
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/05-80037-015 150.00

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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: _____ 2/22/05 305-592-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rodolfo J. Hernandez