

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000062897 1. Entity Name COQUI BROTHERS, INC.	
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Principal Place of Business 10540 NW 29 TERR. MIAMI, FL 33172	Mailing Address 10540 NW 29 TERR. MIAMI, FL 33172
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02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2674780	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HERNANDEZ, RODOLFO J 881 OCEAN DR. #15A KEY BISCAYNE, FL 33149
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

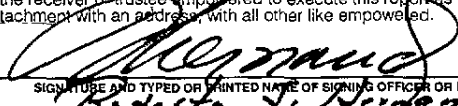
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/22/05 305-192-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone