

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 398153

1. Entity Name
COBRI INVESTMENTS, INC



Principal Place of Business
5200 SW 8TH ST.
SUITE 108
CORAL GABLES, FL 33134

Mailing Address
P.O. BOX 441743
MIAMI, FL 33144-1743



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0314248

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

REVUELTA, BARBARA Y
5200 SW 8TH STREET STE 108
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD0000008344
02/01/07-80006-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRITO, YOLANDA
STREET ADDRESS	GENERAL PATTON #2219
CITY - ST - ZIP	SANTURCE, PR 00913
TITLE	V
NAME	BRITO, LOURDES
STREET ADDRESS	URB.LA CAMPINA #84 CALLE 1
CITY - ST - ZIP	SAN JUAN, PR 00926-9637
TITLE	T
NAME	BRITO, EDUARDO
STREET ADDRESS	536 PLEASANT AVE.
CITY - ST - ZIP	HIGHLAND PARK, IL 60035
TITLE	S
NAME	Edna Brito
STREET ADDRESS	2167 Cacique
CITY - ST - ZIP	San Juan, PR 00913
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 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:

Lourdes Brito

Lourdes Brito 1/22/07 (787) 275-8843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #