

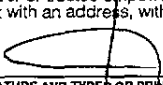


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000928			
1. Entity Name COXPARTNERS, INC.			
Principal Place of Business 5815 WINDSOR CT BOCA RATON, FL 33496		Mailing Address 5815 WINDSOR CT BOCA RATON, FL 33496	
DO NOT WRITE IN THIS SPACE			
		01172005 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, HENRICUS AJM 5815 WINDSOR CT BOCA RATON, FL 33496		DO NOT WRITE IN THIS SPACE	
8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP COX, HENRICUS AJM 5815 WINDSOR CT BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COX, ARELY CASSELLON 5815 WINDSOR CT BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  HENRICUS COX		1-18-05 581 997-1116 x101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	