## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000928

Entity Name: COXPARTNERS, INC.

**FILED** Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5815 WINDSOR CT BOCA RATON, FL 33496 **Current Mailing Address: New Mailing Address:** 5815 WINDSOR CT BOCA RATON, FL 33496 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, HENRICUS AJM 5815 WINDSOR CT BOCA RATON, FL 33496 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition COX, HENRICUS AJM COX, HENRICUS AJM Name: Name: 5815 WINDSOR CT 5815 WINDSOR CT Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496

Title: Title: (X) Change ( ) Addition () Delete

COX, ARELY M Name: Name: CASTELLON, M ARELY 5815 WINDSOR CT Address: 5815 WINDSOR CT Address: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: HENRICUS AJM COX 03/12/2009