## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90041 039 \*\*\*150.00

| DOCUMENT #F90256  1. Entity Name LA COQUILLE CORPORATION  |  |                 |   |               |  |   |  | 04-07-2 | :008 90                        | 0041 03        | 9 ***15         | 0.00                    |  |
|---|--|-----------------|---|---------------|--|---|--|---------|--------------------------------|----------------|-----------------|-------------------------|--|
| Principal Place of Business 1619 EAST SUNRISE BLVD FORT LAUDERDALE, FL 33304  |  |                 | Mailing Address 2300 NE 17TH AVENUE FORT LAUDERDALE, FL 33305 |               |  | ŕ   |  |         |                                |                |                 |                         |  |
|   |  |                 |   |               |  | ,   |  |         |                                |                |                 |                         |  |
| 2. Principal Place of Business - No P.O. Box #  |  |                 | 3. Mailing Address  |               |  |   |  |         |                                |                |                 |                         |  |
| Suite, Apt. #, etc.   |  |                 | Suite, Apt. #, etc.   |               |  |   | 04012008   | Chg-P   |                                | CR2E03         | 1 (12/06)       |                         |  |
| City & State  |  |                 | 'City & State   |               |  |   | 4. FEI Number 59-221                             |         |                                |                | _ <del> ·</del> | plied For<br>Applicable |  |
| Zip   | Country  |                 | Zip Count   |               | try  |   |  |         | \$8.75 Additional Fee Required |                |                 |                         |  |
| 6. Name and Address of Current  |  |                 | Registered Agent  |               |  | 7. Name and Address of New Registered Agent |  |         |                                |                |                 |                         |  |
| LARRY COFAR   |  |                 |   |               | Name   |   |  |         |                                |                |                 |                         |  |
| 2455 E. SUNRISE BLVD.<br>FORT LAUDERDALE, FL 33304  |  |                 |   |               | Street Address (P.O. Box Number is Not Acceptable) |   |  |         |                                |                |                 |                         |  |
| TONT ENDERVALE, LE 30004  |  |                 |   |               |  |   |  |         |                                |                |                 |                         |  |
|   |  |                 |   | City          |  |   |  |         | FL                             | Zip Code       | )               |                         |  |
| 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: typod 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, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  |  |                 |   |               |  | <b>\$5.</b><br>Add                          | .00 May Be<br>ed to Fees                         |         |                                |                |                 |                         |  |
| 10.   |  | FICERS AND DIRE |   |               |  | DC  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |         |                                |                |                 |                         |  |
| TITLE<br>NAME   | DST<br>BERT, JEAN MARIE  |                 | ☑ Delete TITLE NAM  |               | ì  | DS'   | ST   |         |                                |                | XI Change       | Addition                |  |
| STREET ADDRESS  | 2300 N.E. 17 AVE.  |                 |   |               | ET ADDRESS   | 230   | 300 N.E. 17th AVENUE                             |         |                                |                |                 |                         |  |
| CITY-ST-ZIP   | WILTON MANORS,   |                 |   | - ST-ZIP      | WII  | LTON MA                                     | NORS,  | FL      | 333                            | 05<br>□ Change | ☐ Addition      |                         |  |
| TITLE<br>NAME   | BERT, JEAN MARIE   | ☐ Delete        | I TITLI<br>NAM  |               |  |   |  |         |                                | Change         | ☐ Audition      |                         |  |
| STREET ADDRESS  | 2300 N.E. 17 AVE.  |                 |   |               | ET ADDRESS<br>-ST-ZIP                              |   |  |         |                                |                |                 |                         |  |
| CITY-ST-ZIP   | WILTON MANORS, FL 0, CIN   |                 |   |               |  |   |  |         |                                |                | Change          | ☐ Addition              |  |
| NAME  |  |                 | L Delete  | NAM           |  |   |  |         |                                | ,              |                 |                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                 |   |               | ST ADDRESS<br>-ST-ZIP                              |   |  |         |                                |                |                 |                         |  |
| TITLE   |  |                 | Delete  | TITL          |  | ********                                    |  |         |                                |                | ☐ Change        | Addition                |  |
| NAME  |  |                 |   | NAM           | į.   |   |  |         |                                |                |                 |                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                 |   |               | ET ADDRESS<br>- ST-ZIP                             |   |  |         |                                |                |                 |                         |  |
| TITLE   |  |                 | ☐ Defete  | nitu          | E  |   |  |         |                                |                | Change          | Addition                |  |
| NAME<br>CONCET ADDRESS  |  |                 |   | NAM           | ET ADDRESS   |   |  |         |                                |                |                 |                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                 |   |               | -ST-ZIP  |   |  |         |                                |                |                 |                         |  |
| TITLE   |  |                 | ☐ Delete  | TITL          | 3  |   |  |         |                                |                | Change          | Addition                |  |
| NAME<br>STREET ADDRESS  |  |                 |   | . NAM<br>STRI | EET ADDRESS  |   |  |         |                                |                |                 |                         |  |
| CITY-S1-ZIP   |  |                 |   | - 1           | -ST-ZIP  |   |  |         |                                |                |                 |                         |  |
| indicated<br>of the cor   | 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. |                 |   |               |  |   |  |         |                                |                |                 |                         |  |

JEAN BERT

300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR