

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G03848**

1. Entity Name  
**COCONUT ENTERPRISES, INC.**



Principal Place of Business

**10814 NW 33 STREET  
SUITE 100  
MIAMI, FL 33172 US**

Mailing Address

**10814 NW 33 STREET  
SUITE 100  
MIAMI, FL 33172 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2231514**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
FORT LAUDERDALE, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MUSSO, CARLOS
STREET ADDRESS	10814 NW 33 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	TART, BRIAN J
STREET ADDRESS	10814 NW 33 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	FERNANDEZ, G.
STREET ADDRESS	10814 NW 33 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PORTA, A
STREET ADDRESS	10814 NW 33 ST, STE 100
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	LOUMJET, J P
STREET ADDRESS	10814 NW 33 ST, STE 100
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	MARDEN, B
STREET ADDRESS	10814 NW 33 ST, STE 100
CITY-ST-ZIP	MIAMI, FL 33172

1000000386586  
01/19/06-80003-024 317.50

**DO NOT WRITE  
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:** Gerard Fernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/06  
Date

305-591-9797  
Daytime Phone #