

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 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**



01112007 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 <input type="checkbox"/>	\$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**

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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

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	LOUMIET, 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

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01/19/07-80021-020 158.75

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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:

Guil Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07
Date

(305) 591-9397
Daytime Phone #