

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 004 ***150.00

DOCUMENT # K86812

1. Entity Name
COCIBOLCA TRANSFER INCORPORATED



Principal Place of Business
**1276 WEST FLAGLER STREET
MIAMI, FL 33135**

Mailing Address
**1276 WEST FLAGLER STREET
MIAMI, FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0125602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASTILLO, ARMANDO
1272 WEST FLAGLER ST. #206
MIAMI, FL 33135
1250 SW FLAGLER TERRACE APT # 8
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	VPD	<input type="checkbox"/> Delete
NAME	CASTILLO, SILVIO BAYARDO	
STREET ADDRESS	1272 WEST FLAGLER ST. #206	
CITY-ST-ZIP	MIAMI, FL 33135	1250 SW FLAGLER TERRACE APT # 8
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTILLO, ARMANDO	
STREET ADDRESS	1272 WEST FLAGLER ST. #206	
CITY-ST-ZIP	MIAMI, FL 33135	1250 SW FLAGLER TERRACE APT # 8
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASTILLO, ETHEL KARINA	
STREET ADDRESS	1272 WEST FLAGLER ST. #206	
CITY-ST-ZIP	MIAMI, FL 33135	1250 SW FLAGLER TERRACE APT # 8
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, CYNTHIA	
STREET ADDRESS	1272 WEST FLAGLER ST. #206	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Armando Castillo

ARMANDO CASTILLO

4/11/06 305-649-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #