

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0125602</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CASTILLO, ARMANDO  
1250 SW FLAGLER TERRACE  
APT 8  
MIAMI, FL 33135**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	VPD
NAME	CASTILLO, SILVIO BAYARDO
STREET ADDRESS	1250 SW FLAGLER TERRACE, APT 8
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	P
NAME	CASTILLO, ARMANDO
STREET ADDRESS	1250 SW FLAGLER TERRACE, APT 8
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	DST
NAME	CASTILLO, ETHEL KARINA
STREET ADDRESS	1250 SW FLAGLER TERRACE, APT 8
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	D
NAME	PEREZ, CYNTHIA
STREET ADDRESS	1272 WEST FLAGLER ST. #206
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80005-010 150.00

**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.