

2008 - FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 with title (if applicable)

(NOTE: Registered Agent signature required when restate g)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, the Month of

2/26/08 JOR (648-FR-25)