

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109428

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** COCOBREAD ENTERTAINMENT, LLC

**Current Principal Place of Business:**

10200 W STATE ROAD 84  
SUITE 205  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

320 S. FLAMINGO RD  
#310  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 59-3824444      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IFN BUSINESS & TAX SERVICES, LLC  
320 S FLAMINGO RD  
#310  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MOORE, HUGH A  
Address: 320 S FLAMINGO RD #310  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR      ( ) Delete  
Name: MOORE, CHRISTINE A  
Address: 320 S FLAMINGO RD #310  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HUGH MOORE

MGR

04/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date