

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006927

FILED
Mar 16, 2007
Secretary of State

Entity Name: COCONUT GROVE TRUST, INC.

Current Principal Place of Business:

2980 MCFARLANE RD
SUITE 208
MIAMI, FL 33133

New Principal Place of Business:

2980 MCFARLANE RD
SUITE 201
MIAMI, FL 33133

Current Mailing Address:

2980 MCFARLANE RD
SUITE 208
MIAMI, FL 33133

New Mailing Address:

2980 MCFARLANE RD
SUITE 201
MIAMI, FL 33133

FEI Number: 65-1075858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, W. TUCKER
215 GRAND AVENUE
CORAL GABLES, FL 33133 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASRIEH, ROBERT
Address: 2980 MCFARLANE ROAD, #201
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: SWEENEY, ALLEN
Address: 2843 S BAYSHORE DRIVE,
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: CARPENTER, ELENA
Address: 2980 MCFARLANE ROAD, # 204,
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DUNIN, RICARDO
Address: 4128 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. MASRIEH

D

03/16/2007

Electronic Signature of Signing Officer or Director

Date