

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001363

FILED
Apr 06, 2009
Secretary of State

Entity Name: COICOM, INC.

Current Principal Place of Business:

1315 CAMPO SANO AVE.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1315 CAMPO SANO AVE.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1079522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHARLES O JR
1300 NW 167 ST.
MIAMI, FL 33169 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: ENNS, ARNOLD J
Address: 1315 CAMPO SANO AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: VOLKHARDT, W. GLEN
Address: 7070 ASHLEY DR.
City-St-Zip: COLORADO SPRINGS, CO 80922

Title: D () Delete
Name: LUTTRELL, JANET
Address: 1409 PONCE DE LEON, 4TO PISO
City-St-Zip: SAN JUAN, PR 00907

Title: D () Delete
Name: ENNS, DELBERT
Address: 266 RED OAK DR.
City-St-Zip: WINNIPEG, CANADA, MB R2G 3X1

Title: D () Delete
Name: JETER, STANLEY
Address: 1801 DELANEY ST.
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: D () Delete
Name: PINTO, ERNESTO
Address: 225 RIVERTON AVE.
City-St-Zip: WINNIPEG, MB R2L 0N1

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: D (X) Change () Addition
Name: VARGAS, MYNOR
Address: 38 CHAFFEE ST.
City-St-Zip: PROVIDENCE, RI 02909

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 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: ARNOLD ENNS

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date