


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000001538	
<b>1. Entity Name</b> COCONUT GROVE CHILDREN'S ENVIRONMENTAL GROUP, INC.	

<b>Principal Place of Business</b> 3111 ELIZABETH STREET COCOCNUT GROVE FL 33133	<b>Mailing Address</b> 3111 ELIZABETH STREET COCOCNUT GROVE FL 33133
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 03-0405522	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145
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<b>7. Name and Address of New Registered Agent</b>
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.

<b>SIGNATURE</b> _____	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> _____
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> RODILES, GUILLERMO <b>STREET ADDRESS</b> 3111 ELIZABETH STREET <b>CITY - ST - ZIP</b> COCOCNUT GROVE FL 33133	<b>TITLE</b>	<b>NAME</b> U000000049117 02/13/04-80010-016 61.25
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSTD	<b>NAME</b> SANTANA, DANIS <b>STREET ADDRESS</b> 3111 ELIZABETH STREET <b>CITY - ST - ZIP</b> COCOCNUT GROVE FL 33133	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD	<b>NAME</b> MARINEZ, GUSTAUO <b>STREET ADDRESS</b> 3085 ELIZABETHST <b>CITY - ST - ZIP</b> MIAMI FL 33133	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> BACCARDI, KIM <b>STREET ADDRESS</b> 6130 SW 114ST <b>CITY - ST - ZIP</b> MIAMI FL 33156	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> DIAS, RENATO <b>STREET ADDRESS</b> 334 SW 64 AU <b>CITY - ST - ZIP</b> MIAMI FL 33155	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:**  **Guillermo Rodiles** 02-08-04 786-351-6606