

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001538

1. Entity Name
**COCONUT GROVE CHILDREN'S ENVIRONMENTAL
GROUP, INC.**



Principal Place of Business
**3111 ELIZABETH STREET
COCOCNUT GROVE, FL 33133**

Mailing Address
**3111 ELIZABETH STREET
COCOCNUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0405522

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODILES, GUILLERMO
STREET ADDRESS	3111 ELIZABETH STREET
CITY-ST-ZIP	COCOCNUT GROVE, FL 33133

TITLE	VSTD
NAME	SANTANA, DANIS
STREET ADDRESS	3111 ELIZABETH STREET
CITY-ST-ZIP	COCOCNUT GROVE, FL 33133

TITLE	PD
NAME	MARINEZ, GUSTAUO
STREET ADDRESS	3085 ELIZABETHST
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	D
NAME	BACCARDI, KIM
STREET ADDRESS	6130 SW 114ST
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	D
NAME	DIAS, RENATO
STREET ADDRESS	334 SW 64 AU
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000568546
07/07/06-80013-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-03-04