

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 14, 2009
Secretary of State**

DOCUMENT# N02000001976

Entity Name: COCONUT GROVE COLLABORATIVE, INC.

Current Principal Place of Business:

3628 GRAND AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3628 GRAND AVE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 03-0406037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RASHID, JIHAD S
2983 WASHINGTON STREET
COCONUT GROVE, 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: DP () Delete
Name: RASHID, JIHAD S
Address: 2983 WASHINGTON STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: DC () Delete
Name: BYRD, CHARLES
Address: 680 NE 64TH ST
City-St-Zip: MIAMI, FL 33138

Title: DVC1 () Delete
Name: HARRIS, ALTHEA
Address: 2464 SW 23RD TER
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: RIVERS, BRENDA
Address: 3627 SW 37 AVE. #15
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: THELMA, GIBSON
Address: 3634 GRAND AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS () Delete
Name: PATEL-SHETH, BELA
Address: 1521 ALTON DR. #076
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: JIHAD S RASHID

DP

05/14/2009

Electronic Signature of Signing Officer or Director

Date