



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90511 001 ***422.50

DOCUMENT # N04000004038					
1. Entity Name COCO II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10556 NW 26 ST D 101 DORAL, FL 33172 US			Mailing Address 10556 NW 26 ST D 101 DORAL, FL 33172 US		
2. Principal Place of Business 10544 NW 26 ST.		3. Mailing Address 10544 NW 26 ST.			
Suite, Apt. #, etc. E202		Suite, Apt. #, etc. E202		05012006 Chg-NP CR2E037 (4/06)	
City & State Doral, FL		City & State Doral, FL		4. FEI Number 20-2741256	
Zip 33172		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26 ST C 201 DORAL, FL 33172			7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCATTOLINI, MAURO 10556 NW 26 ST - D 101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scattolini, Mauro 10544 NW 26 ST. - Ste. E202 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PROFETA DE SCATTOLIN, CONSTANZA L 10520 NW 26 ST - D 101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Profeta de Scattolini, Constanza L. 10556 NW 26 ST. - D101 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCATTOLINI, MARLIN 10520 NW 26 ST - D 101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Scattolini, Marlin 10556 NW 26 ST. - D101 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mauro Scattolini</u>			Date <u>04/29/06</u>		Daytime Phone # <u>(305) 594 1098</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Mauro Scattolini</u>					

ATTACHMENT

106014687

#P04000119515

CABANAS & ASSOCIATES, P.A.

ACCOUNTING, TAX PLANNING & PREPARATION

SQUARE ONE BUSINESS CENTER

10520 N.W. 26TH STREET

SUITE C-201

MIAMI, FLORIDA 33172

TELEPHONE: 305-513-3639

FAX: 305-513-4122

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

April 29, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

Gentlemen:

Please find attached hereto our check No. 5650 for \$ 422.50 to cover the renewal fees for the following:

CONSTANZA LINA SCATTOLINI P.A.

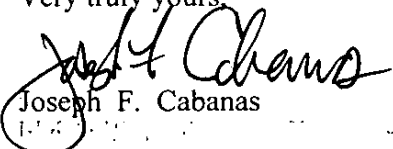
BIG TAMiami ONE, CORP.

BIG HAVANA CONDOMINIUM ASSOCIATION, INC.

COCO II CONDOMINIUM ASSOCIATION, INC.

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosures