


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90511 001 ***422.50

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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.
 E 202

City & State
 Doral, FL

Zip
 33172

Country
 U.S.A.

05012006 Chg-NP CR2E037 (4/06)

4. FEI Number
 20-2741256

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	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	TD SCATTOLINI, MARLIN 10520 NW 26 ST - D 101 DORAL, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 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"/> Change <input type="checkbox"/> Addition
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"/> 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: Mauro Scattolini Date: 04/29/06 Daytime Phone #: (305) 594 1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauro Scattolini

ATTACHMENT

10601A687

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