


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90057 035 ****61.25

DOCUMENT # N04000004038

1. Entity Name
COCO II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 10544 NW 26ST. 10544 NW 26ST.
 E202 E202
 DORAL, FL 33172 US DORAL, FL 33172 US

40036940



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3034 Elizabeth ST. **3034 Elizabeth ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33133 **U.S.** **33133** **U.S.**

4. FEI Number Applied For
20-2741256 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCATTOLINI, MAURO 10544 NW 26ST. SUITE E202 DORAL, FL 33172 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PR. Isabel MARTIN 3034 Elizabeth ST. Miami, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PROFETA DE SCATTOLIN, CONSTANZA L 10544 NW. 26ST. SUITE D101 DORAL, FL 33172 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP. Christian A. Abarca 3034 Elizabeth ST. Miami, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCATTOLINI, MARLIN 10544 NW 26ST. SUITE D101 DORAL, FL 33172 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR. Juan Carlos Echeverria 3034 Elizabeth ST. Miami, FL. 33133 <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 |
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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: Juan Carlos Echeverria Date: 03/13/07 Daytime Phone #: (305) 594 10 98

Juan Carlos Echeverria