2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2005 08:00 AM Secretary of State

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1. Entity Name

COCOPLUM COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4444 S.W. 71 AVENUE MIAMI, FL 33155

Mailing Address

MADDUX & CO 7250 SW 39 TERR

MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

4062005	No Chg-NP	CR2E037 (10/03)	-
4062005	No Chg-NP	CR2E037 (10/03)	

65-0124289

Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

Name an			

PENA, JESUS 4444 SW 71 AVE MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the lions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bot	h, in the State of Florida. I am fami	liar with, and accept
SIGNATURE					ا ان	
	Signature, typed or printed name of registered agent and little	if applicable (NOTE Registered A	gent signature	required when reinstating)	DATE	-13
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financi Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, JESUS 4444 SW 71ST ST #102 MIAMI, FL				U00000323246 04/22/05-80047-0;	n ci Tor
TITLE Name Street address City-St-Zip	VD RODRIGUEZ, LUIS 4444 S.W. 71ST AVE, #112 MIAMI, FL				0472270373004170.	10 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARDINAS, CARLOS 4444 SW 71ST AVE #111 MIAMI, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE Name Street address		151				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 true e 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 first empowered.

SIGNATURE:

CITY-ST-7IP

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR