

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15817**

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**



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0124289**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PENA, JESUS  
4444 SW 71 AVE  
#102  
MIAMI, FL 33155**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**04/16/08-80013-013 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PENA, JESUS
STREET ADDRESS	4444 SW 71ST ST #102
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	RODRIGUEZ, LUIS
STREET ADDRESS	4444 S.W. 71ST AVE, #112
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	PARDINAS, CARLOS
STREET ADDRESS	4444 SW 71ST AVE #111
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #