

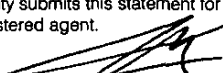
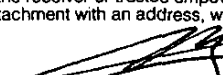


FILED
Apr 21, 2006 8:00 am
Secretary of State

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04172006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000020777				Secretary of State 04-21-2006 90094 050 ***150.00	
1. Entity Name COIHUE CORP.					
Principal Place of Business 7088 NW 50TH ST. MIAMI, FL 33166		Mailing Address 7088 NW 50TH ST. MIAMI, FL 33166		9000000000	
2. Principal Place of Business 8424 NW 139 Terr		3. Mailing Address P.O. Box 571206			
Suite, Apt. #, etc. 2702		Suite, Apt. #, etc.		04172006 Chg-P CR2E034 (11/05)	
City & State MIAMI LAKES FL		City & State MIAMI FL		4. FEI Number 65-1012642	
Zip 33016		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33152		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEMME, SERGIO 7088 NW 50TH ST. MIAMI, FL 33166				Name SERGIO LEMME	
				Street Address (P.O. Box Number is Not Acceptable) 8424 NW 139 TERR UNIT 2702	
				City MIAMI LAKES FL	
				Zip Code 33016	
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  SERGIO LEMME DATE 17 APR 06					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMME, SERGIO	NAME			
STREET ADDRESS	888 BRICKELL KEY DR #408	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 607, 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:  SERGIO LEMME DATE 17 APR 06 305 231 2603					