



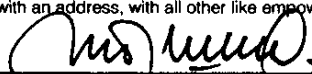


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90031 024 ***150.00

DOCUMENT # P00000020777													
1. Entity Name COIHUE CORP.													
Principal Place of Business 8424 NW 139TH TERR UNIT 2702 MIAMI LAKES, FL 33016			Mailing Address PO BOX 521206 MIAMI, FL 33152-1206										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 65-1012642									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent LEMME, SERGIO 8427 NW 139TH TERR UNIT 2702 MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name LEMME, SERGIO </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 8424 NW 139 TERRACE UNIT 2702 </td> </tr> <tr> <td style="padding: 2px;"> City MIAMI LAKES </td> <td style="padding: 2px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Zip Code 33016 </td> </tr> </table>			Name LEMME, SERGIO		Street Address (P.O. Box Number is Not Acceptable) 8424 NW 139 TERRACE UNIT 2702		City MIAMI LAKES	FL	Zip Code 33016	
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Street Address (P.O. Box Number is Not Acceptable) 8424 NW 139 TERRACE 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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: top;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:20%; vertical-align: top; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </td> <td style="width:40%; vertical-align: top;"> JAN. 23. 2007 <small>DATE</small> </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	JAN. 23. 2007 <small>DATE</small>					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	NAME LEMME, SERGIO		TITLE P	NAME MARIA ANDREA LEMME									
STREET ADDRESS 888 BRICKELL KEY DR #408	CITY - ST - ZIP MIAMI, FL 33131		STREET ADDRESS 8424 NW 139 TERRACE UNIT 2702	CITY - ST - ZIP MIAMI LAKES, FL 33016									
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		TITLE SECRETARY	NAME SERGIO LEMME									
STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		STREET ADDRESS 8424 NW 139 TERRACE UNIT 2702	CITY - ST - ZIP MIAMI LAKES, FL 33016									
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		TITLE NAME	STREET ADDRESS CITY - ST - ZIP									
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TITLE NAME	STREET ADDRESS CITY - ST - ZIP		TITLE NAME	STREET ADDRESS CITY - ST - ZIP									
STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JAN. 23. 2007 305-773-4221 <small>Date Daytime Phone #</small>										