

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012642

Applied For
Not Applicab

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEMME, SERGIO
8424 NW 139 TERR UNIT 2702
MIAMI LAKES, FL 33016**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000886770
04/18/08-80072-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEMME, SERGIO
8424 NW 139 TERR UNIT 2702
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEMME, MARIA ANDREA
8424 NW 139 TERR UNIT 2702
MIAMI LAKES, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 _____

**DO NOT WRITE
IN THIS SPACE**

4-4-08 305 728 6270