## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 02, 2004 8:00 am — Secretary of State DOCUMENT # P00000043972 1. Entity Name 04-02-2004 90055 042 \*\*\*150.00 COCOS BAR & GRILL, INC. Principal Place of Business Mailing Address 8255 INTERNATIONAL DR., STE. 168 8255 INTERNATIONAL DR., STE. 168 ORLANDO FL 32819 ORLANDO FL 32819 94042409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3642052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUANG, LOUIS Street Address (P.O. Box Number is Not Acceptable) 8255 INTERNATIONAL DR., STE. 168 ORLÁNDO FL 32819 City Zip Code 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE Change ☐ Addition ☐ Delete HUANG, LOUIS NAME STREET ADDRESS 5558 OSPREY ISLE LN. STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete Change ☐ Addition HUANG, JESSICA NAME STREET ADDRESS 5558 OSPREY ISLE LN. STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME\_ . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 required 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 attachn

SIGNATURE

FILED