

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000103383

Entity Name: COAGROUP, INC.

FILED
Sep 08, 2006
Secretary of State

Current Principal Place of Business:

801 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-1054403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E ESQ
220 ALHAMBRA CIRCLE, SUITE 810
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: SAN MIGUEL, PATRICIA M PRESIDE
Address: 801 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAN MIGUEL, PATRICIA M CEO
Address: 801 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: D () Change (X) Addition
Name: GONZALEZ, MARIA P CIO
Address: 801 BRICKELLE AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. REYNOLDS

T

09/08/2006

Electronic Signature of Signing Officer or Director

_____ Date