


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90361 021 ***158.75

DOCUMENT # P01000057992		
1. Entity Name COY FAMILY INVESTMENTS, INC.		

Principal Place of Business 12100 MOSS RANCH ROAD MIAMI, FL 33156	Mailing Address 12100 MOSS RANCH ROAD MIAMI, FL 33156
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40033830



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>PERRIN COY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3801 BISCAYNE BLVD</u> <u>STE 300</u> City <u>MIAMI</u> FL Zip Code <u>33137</u>	
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4. FEI Number
65-1117418

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

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 Perrin Coy DATE 3-7-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COY, KEVIN M 12100 MOSS RANCH ROAD MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 3/6/07 DAYTIME PHONE # 305-571-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR