

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90102 039 \*\*\*150.00

**DOCUMENT # P01000059817**

1. Entity Name  
**COCONUT GROVE REDEVELOPMENT COMPANY, INC.**



Principal Place of Business  
**2000 PONCE DE LEON BLVD., 6 FLOOR  
6 FLOOR  
MIAMI, FL 33134**

Mailing Address  
**2000 PONCE DE LEON BLVD., 6 FLOOR  
6 FLOOR  
MIAMI, FL 33134**

**50050362**



2. Principal Place of Business  
**9555 N. KENDALL DR  
Suite, Apt. #, etc.  
202  
City & State  
MIAMI FL  
Zip  
33134 Country  
USA**

3. Mailing Address  
**9555 N. KENDALL DR  
Suite, Apt. #, etc.  
202  
City & State  
MIAMI FL  
Zip  
33134 Country  
USA**

04262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1146640**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CUMMINS, JEFFREY DREW  
9595 NO. KENDALL DRIVE, STE 202  
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUERRA, MARTIN	
STREET ADDRESS	2000 PONCE DE LEON BLVD., 6 FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUERRA, JUDITH	
STREET ADDRESS	2000 PONCE DE LEON BLVD., 6 FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUMMINS, PATRICIA	
STREET ADDRESS	9555 N. KENDALL DR., STE. 202	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	CUMMINS, JEFFREY DREW	
STREET ADDRESS	955 N. KENDALL DR., STE. 202	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05