

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90196 018 \*\*\*158.75

**DOCUMENT # P02000120352**

1. Entity Name  
A COQUI PARTY RENTAL INC.



Principal Place of Business

2767 WEST 74 STREET  
HIALEAH, FL 33016

Mailing Address

2767 WEST 74 STREET  
HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
81-0590814

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLA, MILENA  
2767 WEST 74 STREET  
HIALEAH, 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, 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  
NAME VILLA, MILENA  
STREET ADDRESS 2767 WEST 74 STREET  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VP  
NAME FRAGA, OMAR  
STREET ADDRESS 2767 WEST 74 STREET  
CITY-ST-ZIP HIALEAH, 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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Milena Villa* Milena Villa P  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05  
Day

305-3628474  
Daytime Phone #