2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# P02000120709

Entity Name: COKERS' ENTERPRISES INC.

Current Principal Place of Business:

2331 NORTH STATE ROAD 7
SUITE # 203
LAUDERHILL, FL 33313

New Principal Place of Business:

2331 NORTH STATE ROAD 7
SUITE # 203
LAUDERHILL, FL 33313 US

Current Mailing Address:

2331 NORTH STATE ROAD 7
SUITE # 203
LAUDERHILL, FL 33313

New Mailing Address:

2331 NORTH STATE ROAD 7
SUITE # 203
LAUDERHILL, FL 33313 US

FEI Number: 06-1657456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COKER, KALEEL A
5236 CLOVER MIST DRIVE
APOLLO BCH, FL 33572 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COKER, KALEEL A
Address: 5335 NW 10TH CT # 207
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete
Name: COKER, ELLOEEN F
Address: 11521 NW 29TH MANOR
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete
Name: COKER, KALEEL A JNR
Address: 5236 CLOVER MIST DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: COKER, KAYMONISHA N
Address: 11521 NW 29TH MANOR
City-St-Zip: SUNRISE, FL 33313 US

I hereby certify that the information supplied with this filing does not qualify 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: KAYMONOSHA COKER T 05/03/2009

Electronic Signature of Signing Officer or Director Date