

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000002106

1. Entity Name  
LA COSTA DE COJIMAR INC.



FILED  
04 AUG 31 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1255 W 46 ST  
HIALEAH, FL 33012

Mailing Address  
1255 W 46 ST  
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004

Chg-P

CR2E034 (10/03)

4. FEI Number  
57-1143923

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMARAL, ROBERTO R  
1255 W 46 ST  
HIALEAH, FL 33012

Name Karenia Dominguez  
Street Address (P.O. Box Number is Not Acceptable)  
1255 W. 46 Street

City Hialeah FL Zip Code 33012

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 KDguez  
Signature, typed or printed name of registered agent and title if applicable.

Karenia Dominguez, President 8-25-04  
(NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME AMARAL, ROBERTO R  
STREET ADDRESS 731 N 66 AVE  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE V ☒ Delete  
NAME AMARAL, ALBERTO A  
STREET ADDRESS 4100 N 58 AVE, APT #112  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.S.T. ☐ Change ☒ Addition  
NAME Karenia Dominguez  
STREET ADDRESS 1255 W. 46 Street  
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: KDguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karenia Dominguez 8-25-04 819-3737  
Date Daytime Phone #