

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 012 ***150.00

DOCUMENT # P03000006877 1. Entity Name COIRA, INC.					
Principal Place of Business 7939 WOODVINE CIRCLE TAMPA, FL 33615			Mailing Address 7939 WOODVINE CIRCLE TAMPA, FL 33615		
2. Principal Place of Business 9928 Wheatberry Ct.		3. Mailing Address 9928 Wheatberry Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando,		4. FEI Number 76-0752820	
Zip 32824		Country Orange		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COIRA, LUIS 7939 WOODVINE CIRCLE TAMPA, FL 33615			7. Name and Address of New Registered Agent Name <u>Coira Luis</u> Street Address (P.O. Box Number is Not Acceptable) <u>9928 Wheatberry Ct.</u> City <u>Orlando</u> FL Zip Code <u>32824</u>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COIRA, LUIS 7939 WOODVINE CIRCLE TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHAPARRO, JOSE A 1411 DAVIS ST KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 information.					
SIGNATURE: <u>[Signature]</u> 7-26-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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