

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90044 032 ***150.00

DOCUMENT # P03000034606 1. Entity Name COMA Y PUNTO CORPORATION																																									
Principal Place of Business 2135-A CORAL WAY MIAMI FL 33145			Mailing Address 2135-A CORAL WAY MIAMI FL 33145																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip		Country		4. FEI Number 41-208-6878																																					
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																					
6. Name and Address of Current Registered Agent SUAREZ-ALFONSO, ELSA 2135-A CORAL WAY MIAMI FL 33145																																									
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)																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PD</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>SUAREZ-ALFONSO, ELSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>2135-A CORAL WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI FL 33145</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	PD	NAME	Delete	NAME		SUAREZ-ALFONSO, ELSA		STREET ADDRESS		2135-A CORAL WAY		CITY-ST-ZIP		MIAMI FL 33145		TITLE		NAME	Change	Addition	NAME					STREET ADDRESS					CITY-ST-ZIP				
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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: _____ (305) 856 3915 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																									

29 Mar 30 05