


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 005 ***150.00

DOCUMENT # P03000062897					
1. Entity Name COQUI BROTHERS, INC.					
Principal Place of Business 6929 MINDELLO ST CORAL GABLES, FL 33146			Mailing Address 6929 MINDELLO ST CORAL GABLES, FL 33146		
2. Principal Place of Business 10540 NW 29 TERR.		3. Mailing Address 10540 NW 29 TERR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 58-2674780	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MAURO D 6929 MINDELLO ST CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name: RODOLFO J. HERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 881 OCEAN DRIVE #15A City: KEY BISCAYNE FL Zip Code: 33149			
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: <i>[Signature]</i> <i>Rodolfo J. Hernandez</i> <i>3/29/04</i> <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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME HERNANDEZ, MAURO D		<input type="checkbox"/> Delete		
STREET ADDRESS 6929 MINDELLO ST	CITY-ST-ZIP CORAL GABLES, FL 33146		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DV	NAME HERNANDEZ, RODOLFO J		<input type="checkbox"/> Delete		
STREET ADDRESS 881 OCEAN DR #15A	CITY-ST-ZIP KEY BISCAYNE, FL 33149		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DS	NAME ALVAREZ, JOSEFINA		<input type="checkbox"/> Delete		
STREET ADDRESS 6929 MINDELLO ST	CITY-ST-ZIP CORAL GABLES, FL 33146		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DT	NAME HERNANDEZ, YOLANDA J		<input type="checkbox"/> Delete		
STREET ADDRESS 881 OCEAN DR #15A	CITY-ST-ZIP KEY BISCAYNE, FL 33149		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <i>Rodolfo J. Hernandez</i> <i>3/29/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					