2005 FOR PROFIT CORPORATION ANNUAL REPORT

Cheque; FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P03000067567 1. Entity Name COCIBOLCA, NC.					04-18-2005 90263 019 ***150.00				
Principal Place of Business Mailing Address 5700 N. ANDREWS AVENUE 5700 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309							48 (1) 54 (2) 5 (1)(1)		·PT H
2130		3. Mailing Address 名13p らい	40 A	یو					
Suite, Apt.		Suite, Apt. #, etc. City & State			03262005 4. FEI Numbe	Chg-P	CR2E	034 (10/03)	plied For
<u>Plantation</u>		Plantation		LA			Not Applicable		
Zip } (A	3337 USA 6. Name and Address of Current F	Zip 33317 Registered Agent	Country P	I	<u> </u>	of Status Desire		\$8.75 Addi Fee Required Agent	
ESDINO74		e m	Anuel	Hern					
ESPINOZA, MANUEL H 5700 N. ANDREWS AVENUE FORT LAUDERDALE, FL. 33309				Street Address (P.O. Box Number is Not Acceptable)					
			City	<u> </u>	1 L .		FL	Z <u>in</u> Code	3 _
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.								3/1	
SIGNATURE Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO C	FFICERS AN	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOZA, MANUEL H 5700 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS 🕺	nuel 1 30 Su 1 anh	terrer U42 A Ation	a ve Fla	Change 333	☐ Addition
TITLE		☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,	☐ Change	Addition
NAME Street address City-St-Zip			NAME Street Addri City-St-Zip	ESS					
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NAME Street Address City-St-Zip			NAME STREET ADDRI CITY-ST-ZIP	ESS					
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STREET ADDRESS CITY+ST-ZIP			STREET ADDR	ESS			_		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
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CITY+ST+ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS City-St-Zip			STREET AODR City-St-Zip	ESS					
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.									

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR