

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-05-2004 90219 028 ***150.00

DOCUMENT # P03000081334

1. Entity Name
COCO FASHION, INC.



Principal Place of Business
**2131 MADEIRA DR
WESTON, FL 33327**

Mailing Address
**2131 MADEIRA DR
WESTON, FL 33327**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05032004 Chg-P CR2E034 (10/03)

4. FEI Number **11-3698478** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORREA, JOSE N
J.C. ACCOUNTING & TAX SERVICES, INC.
833 SAVANNAH FALLS DR
WESTON, FL 33327**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: registered Agent signature required when retabbing)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONILLA, ADRIANA C 2131 MADEIRA DR WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONILLA, FABIAN A 2131 MADEIRA DR WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(f), 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: **Adriana Bonilla President** 5/03/04 (954) 3896296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #