

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90023 020 ***150.00

DOCUMENT # P03000085213

1. Entity Name

COBIS DEVELOPMENT, INC.



Principal Place of Business

610 SW 95TH TERRACE
PEMBROKE PINES FL 33025
US

Mailing Address

610 SW 95TH TERRACE
PEMBROKE PINES FL 33025
US

2. Principal Place of Business

610 SW 95th Terrace

Suite, Apt. #, etc.

3. Mailing Address

610 SW 95th Terrace

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip
FL 33025

Country
US

City & State

Pembroke Pines FL

Zip
33025

Country
US

4. FEI Number

51-0478596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SANTIS, MICHAEL J
610 SW 95TH TERRACE
N/A
PEMBROKE PINES FL 33025

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

Michael J. Santis, President

02/23/04

Signature, typed 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, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SANTIS, MICHAEL J	
STREET ADDRESS	610 SW 95TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, PABLO E	
STREET ADDRESS	1027 PENNSYLVANIA #104	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	CHEN, JESSICA K	
STREET ADDRESS	5220 NW 49TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	SANTAMARIA, ALEJANDRO	
STREET ADDRESS	8781 SW 54TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Michael J. Santis 02/23/04 954435-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #