

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 049 ***150.00

DOCUMENT # P03000100693
1. Entity Name
 COFLATEC, CORP.



Principal Place of Business
 8333 NW 66 ST.
 MIAMI, FL 33166

Mailing Address
 8333 NW 66 ST.
 MIAMI, FL 33166

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

40044351

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 56-2426765 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, ADRIANE
 8333 NW 66 ST.
 MIAMI, FL 33166

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]* Adriano Ortiz 03/29/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

FILE NAME STREET ADDRESS CITY-STATE-ZIP	PD ROBLES, RODOLFO P AVE 131 #91 E/39 Y40 L PLATA(1900) ARGENTINA, <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-STATE-ZIP	VD DEL GROSSO, ENRIQUETA A AVE 131 #91 E/39 Y40 L PLATA(1900) ARGENTINA, <input type="checkbox"/> Delete
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FILE NAME STREET ADDRESS CITY-STATE-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)(ii), 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: *[Signature]* Adriana M. Ortiz 03/29/05 305-436-3120
Signature typed or printed name of signing officer or director Date Daytime Phone #