


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

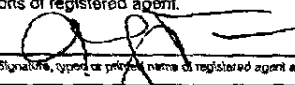
4. FET Number
56-2426765 Applied For
 Not Applicable

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

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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  **Adriane Ortiz** **03/27/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBLES, RODOLFO P AVE 131 #91 E/39 Y40 L PLATA(1900) ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL GROSSO, ENRIQUETA A AVE 131 #91 E/39 Y40 L PLATA(1900) ARGENTINA,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/06-80058-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 as an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/06 **(305) 436-3120**
Date Director Phone #