

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 005 ***150.00

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05152006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000117465 1. Entity Name COCONUT PALM CAPITAL INVESTORS I, INC.					
Principal Place of Business 595 S FEDERAL HWY, STE 600 BOCA RATON, FL 33432			Mailing Address 595 S FEDERAL HWY, STE 600 BOCA RATON, FL 33432		
2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. # 600		3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. # 500		4. FEI Number 20-0310403 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33432		Zip 33432			
Country Palm Beach		Country Palm Beach			
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR MIAMI, FL FL331-31				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHON, RICHARD C 595 S FEDERAL HWY, #600 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy #600 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD URFF, JACK I 595 S FEDERAL HWY #600 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy #500 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FARENHEM, ROBERT C 595 S FEDERAL HWY #600 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy #500 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRARI, MARIO B 595 S FEDERAL HWY #600 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy #500 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Robert C. Farenhem 5-17-06 561-955-7300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					