

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000117465

1. Entity Name
COCONUT PALM CAPITAL INVESTORS I, INC.



Principal Place of Business
595 S FEDERAL HWY, STE 500
BOCA RATON, FL 33432

Mailing Address
595 S FEDERAL HWY, STE 500
BOCA RATON, FL 33432



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0310403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ROCHON, RICHARD C 595 S. FEDERAL HWY #500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUFF, JACK I 595 S. FEDERAL HWY #500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FARENHEM, ROBERT C 595 S. FEDERAL HWY #500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRARI, MARIO B 595 S. FEDERAL HWY #500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/08-80026-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 2-5-08 561-955-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #