2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

| DOCUMENT # P03000134970 1. Entity Name COKKO'S SHOES CORP. | | | | 05-05-200 |)4 90223 (|)26 ***15 | 50.00 | |
|--|--|---|--|--|---|--|--|--|
| Principal Place of Business | Mailing Address | <u> </u> | | | | | | |
| 11401 NW 12 STREET -NO: 206 | 11401 NW 12 STREET NO: 206 | | | | 240 | 70123 | 5 | |
| MIAMI, FL 33172 | MIAMI, FL 33172 | | 14871169 | | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | | | | |
| 114 01 NW 12 STIEET 11401 NW 12 Suite, Apt. #, etc | | | | i iri adibe (ilili Bairi bari) (| 2018) III 49 8 (FIT) 411 | 91B (8151 (8811 885 | HOUT II IEE | |
| # 256 # 256 | | | 04292004 | | | 34 (10/03) | | |
| City & State City & State Miami, FL Miami, FL | | | 4. FEI Nun | 4. FEI Number 38 – 36 92 486 Applied For Not Applicable | | | | |
| Zip Country | | Country | | ate of Status Desired | | \$8.75 Add | | |
| 33172 USA 6. Name and Address of Current I | 33172 | USA | | nd Address of New | | Fee Require | d | |
| | registerou Agent | Name / | | | negistered i | -gent | | |
| LOPEZ, ALFREDO 11401 NW 12 STREET | | | dopez, ALFREDO Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| NO. 206 MIAMI, FL 33172 | | | | -11 | 4201 | | | |
| MIAMI, FL 331/2 | | | <u>21 WU 12</u> | SHEET | # 256 | Zip Code | <u> </u> | |
| 8. The above named entity submits this statement for | the purpose of changing its re- | | 11ami | hoth, in the State of | FL Florida Lam | · <u> </u> | 1+2 | |
| the obligations of registered agent. | the purpose of changing its re- | gistered office of re | gistered agent, or | DOIN, IN THE State OF | nonda. Tam | iastilliai wilii, | and accept | |
| SIGNATURE |) - | | <u> </u> | | | | | |
| Signature, typed or printed name of egistered agenta | fnd title i applicable. (NOTE: R | egistered Agent signature | required when reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.90 After May 1, 2004 Fee will be \$550.0 | 9. Election Campaign Trust Fund Contrib | | \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND | | III. | ADDITION | IS/CHANGES TO O | FFICERS AND | DIRECTOR: Change | S IN 11 | |
| NAME LOPEZ, ALFREDO | ☐ Delete | NAME L | OPEZ, ALFR | EDO | | (VI circilitie | Augilion | |
| STREET ADDRESS 11401 NW 12 STREET, NO: 200 STREET S | | | 1401 NW 13 | LSt. # 251 | , | | | |
| CITY-ST-ZIP MIAMI, FL 33172 TITLE STD | Delete | | HANI, FL 3 | 33172 | | ☑ Change | ☐ Addition | |
| NAME PEREZ, ALINA M | □ Delete | MAME 0 | C067 Atta | AM WAS | - (| Lag ondingo | | |
| STREET ADDRESS 11401 NW 12 STREET, NO: 200 | }- | STREET ADDRESS CITY-ST-ZIP | 1401 NW 1 | Z St. # 25 | У 6 | | | |
| TITLE | ☐ Delete | TITLE | MIANI, FL | 33174 | | ☐ Change | ☐ Addition | |
| NAME | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS : CITY+ST+ZIP | | | | | | |
| TITLE | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
| TITLE | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | • | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
| TITLE | ☐ Delete | TITLE NAME | | | | Change | Addition | |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | <u> </u> | |
| 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee employed changed, or on an attachment with an address! | owered to execute this report as | ne exemption stated signature shall have required by Chap | d in Section 119.07 re the same legal e ter 607, Florida Sta | (3)(i), Florida Statute ffect as if made und tutes; and that my na | s. I further ce er oath; that I ame appears i | rtify that the i am an officer in Block 10 o | nformation or director r Block 11 if | |
| SIGNATURE: | | | | 04 29 | oy 3 | 305-59 | 3-5660 | |