

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90043 027 \*\*\*150.00

**DOCUMENT # P03000137324**

1. Entity Name  
**KOKO CUTS, INC.**



Principal Place of Business  
**9801 S.W. 131ST STREET  
MIAMI, FL 33196**

Mailing Address  
**9801 S.W. 131ST STREET  
MIAMI, FL 33196**



2. Principal Place of Business  
**2061 SW 8 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 165323**  
Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**  
Zip  
**33135** Country

City & State  
**MIAMI FL**  
Zip  
**33116** Country

4. FEI Number  
**26-0074272**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, JOSE  
9811 S.W. 131ST STREET  
MIAMI, FL 33196**

**7. Name and Address of New Registered Agent**

Name  
**HERNANDEZ JOSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**9801 SW 131 ST**  
City  
**MIAMI FL** Zip  
**33176**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JOSE	
STREET ADDRESS	9811 S.W. 131ST STREET	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JOSE	
STREET ADDRESS	9801 SW 131 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, EUGENIO	
STREET ADDRESS	9801 SW 131 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-04**

**305 644-1771**