




FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90301 002 ***150.00

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2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000147570			
1. Entity Name COCCI INVESTMENT, CORP.			
Principal Place of Business C/O ROTH, ROUSSO & DARRACH, P.A. 18851 NE 29TH AVENUE - SUITE 900 AVENTURA, FL 33180		Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. 18851 NE 29TH AVENUE - SUITE 900 AVENTURA, FL 33180	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State Aventura - FL		City & State Aventura - FL	
ZIP 33180		Country USA	
4. FEI Number		02102004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARRACH, P.A. 18851 NE 29TH AVENUE - SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name: ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave # 900 City: Aventura FL 33180	
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:  LEONARDO A. ROTH, ESQ. DATE: 4-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MENICOCCHI, ALEJANDRO A 18851 NE 29TH AVENUE #900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LEONARDO A. ROTH 18851 NE 29th Ave, STE 900 AVENTURA, FL 33180. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENICOCCHI, ALEJANDRO A 18851 NE 29TH AVENUE #900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Alejandro Menicocci, D		DATE: 4-5-04 586-279-0000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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