

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-02-2005 90503 012 ***150.00

DOCUMENT # P04000096778 1. Entity Name COIMBRA CAPITAL VENTURES, INC.					
Principal Place of Business 2780 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306-1605			Mailing Address 2780 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306-1605		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KING, ROBERT L 2780 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306-1605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D LEHRER, HILDA 2780 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 333061605		<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	PSTD LEHRER, THOMAS H 2780 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 333061605		<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
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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 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:			THOMAS H. LEHRER		
_____			4/29/05 (754) 234-1942		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66023582



04292005 Chg-P CR2E034 (10/03)

ATTACHMENT

66023582

LAW OFFICES

ROBERT L. KING, ATTORNEY-AT-LAW

2780 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306-1605

(954) 561-5808

Fax: (954) 566-1173

June 16, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

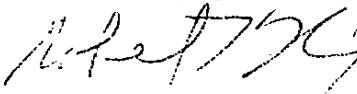
Re: Coimbra Capital Ventures, Inc.
Reference Number P04000096778

Gentlemen:

Enclosed please find the corrected annual report for Coimbra Capital Ventures, Inc. We have applied for the FEI number and expected to receive it by now, but the IRS has not yet responded. Accordingly, pursuant to your instructions, the form is being returned with "Applied For" checked, and we will provided the actual number with the next report.

Should you have any questions, please feel free to contact the undersigned.

Very truly yours,



ROBERT L. KING

RLK/ibm
Enclosure

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