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Mar 11, 2005 8:00 am
Secretary of State
02-10-2005 90061 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107424

1. Entity Name
COQUINA DAVIE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301	ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11173 SW 37 Mnr	11173 SW 37 Mnr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie, FLORIDA
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. FEI Number 20-7392879 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRUMER, KEITH T
ONE EAST BROWARD BLVD
SUITE 1501
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Beth Azor
Street Address (P.O. Box Number Is Not Acceptable): 11173 SW 37 Mnr
City: Davie FL Zip Code: 33328

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] Beth Azor 2/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P AZOR, BETH ONE EAST BROWARD BLVD, SUITE 1501 FT. LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11173 SW 37 Mnr Davie, FL 33328	☒ Change ☐ 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)(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] Beth Azor, President 2/3/05 305-970-0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #