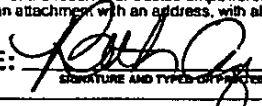


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-10-2005 90061 028 ***150.00

DOCUMENT # P04000107424			
1. Entity Name COQUINA DAVIE MANAGEMENT, INC.			
Principal Place of Business ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301		Mailing Address ONE EAST BROWARD BLVD SUITE 1501 FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 11173 SW 37 Mnr		3. Mailing Address 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  Beth Azor DATE 2/3/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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			
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	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11173 SW 37 Mnr DAVIE, FL 33328 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Beth Azor, President DATE 2/3/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

305-970-0416