


2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 21, 2007 8:00 am  
Secretary of State**

05-21-2007 90053 015 \*\*\*150.00

DOCUMENT # <b>P04000126110</b>	
1. Entity Name <b>Kocoa Internacional, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

40116986

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8360 S.W. 163 St</b>	3. Mailing Address <b>8360 S.W. 163 St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Palmetto Bay, Florida</b>	City & State <b>Palmetto Bay, Florida</b>
Zip <b>33157</b>	Zip <b>33157</b>
Country <b>Miami-Dade</b>	Country <b>Miami-Dade</b>

4. FEI Number <b>20-1584066</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of Current Registered Agent	
Name <b>Lucila U. Rojas</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8360 S.W. 163 St</b>	
City <b>Palmetto Bay</b>	FL Zip Code <b>33157</b>

**DO NOT WRITE  
IN THIS SPACE**

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 **Lucila U. Rojas** DATE **4/30/07**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	<b>P3D Rojas, M. Lucila 8360 S.W. 163 St Palmetto Bay, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Espinoza, A. Jose 8360 S.W. 163 St Palmetto Bay, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Lambrano, A. Maria 8360 S.W. 163 St Palmetto Bay, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P Espinoza, J. Emilio 8360 S.W. 163 St Palmetto Bay, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lucila U. Rojas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Business Purpose \*

CR2E034B (12/02)