

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132349

FILED
Feb 23, 2009
Secretary of State

Entity Name: COCO SOLO COMPANY, INC.

Current Principal Place of Business:

915 SALLY AVE NORTH
LEHIGH ACRES, FL 33971

New Principal Place of Business:

915 SALLY AVE NORTH
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

915 SALLY AVE NORTH
LEHIGH ACRES, FL 33971

New Mailing Address:

915 SALLY AVE NORTH
LEHIGH ACRES, FL 33971 US

FEI Number: 20-1653386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, YORDEL
915 SALLY AVE NORTH
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORDOVA, YORDEL
Address: 915 SALLY AVE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V/P () Delete
Name: PONS, LIYANI
Address: 915 SALLY AVE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YORDEL CORDOVA

P

02/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date