

4/29/2005-90263-026-\$141.25-\$141.25

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

05 JUN 20 AM 11:09

DOCUMENT # P04000156436			
1. Entity Name COCONUT PALM CAPITAL INVESTORS II, INC.			
Principal Place of Business 555 S FEDERAL HWY STE 200 BOCA RATON, FL 33432		Mailing Address 555 S FEDERAL HWY STE 200 BOCA RATON, FL 33432	
2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. Suite 600 City & State Boca Raton, FL Zip 33432		3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. Suite 600 City & State Boca Raton, FL Zip 33432	
4. FEI Number 20-2248440		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE 28TH FL MIAMI, FL 33131		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 _____ DATE _____ Signature: Signed by principal or general partner of registered agent and sole proprietor. (NOTE: Registered Agent's signature required when certifying)			
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.		500056463505 06/23/05--01014--001 ***8.75	
SIGNATURE: _____		4-26-05 561-965-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	

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