


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000156436

1. Entity Name
COCONUT PALM CAPITAL INVESTORS II, INC.



Principal Place of Business 595 S FED HWY SUITE 500 BOCA RATON, FL 33432	Mailing Address 595 S FED HWY SUITE 500 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2248440	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	PD ROCHON, RICHARD C 595 S FED HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT RUFF, JACK I 595 S FED HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FARENHEM, ROBERT C 595 S FED HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNARI, MARIO B 595 S FED HWY STE 500 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000820391
 02/18/08-80026-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert C. Farenhem 2-5-08 561-955-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #