

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 039 ***150.00

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02032005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000158980					
1. Entity Name COCO INDUSTRIES, INC.					
Principal Place of Business 1701 SOUTH FLAGLER DRIVE SUITE 303 WEST PALM BEACH, FL 33401 US			Mailing Address 1701 SOUTH FLAGLER DRIVE SUITE 303 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1238334	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSHKIND, ROBIN 625 NORTH FLAGLER DRIVE SUITE 507 WEST PALM BEACH, FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSHKIND, ROBIN	NAME			
STREET ADDRESS	1701 SOUTH FLAGLER DRIVE, SUITE 303	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSHKIND, COREY	NAME			
STREET ADDRESS	1701 SOUTH FLAGLER DRIVE, SUITE 303	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSHKIND, LINDSEY	NAME			
STREET ADDRESS	1701 SOUTH FLAGLER DRIVE, SUITE 303	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		2/15/05		762 7030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	