

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2006 90130 033 ***150.00
P05000034503

FILED

06 MAY 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66010282



1st MOORE

CR2E034 (10/05)

DOCUMENT # P05000034503 1. Entity Name COCO GROVE ACQUISITIONS INC.					
Principal Place of Business 7380 RED ROAD SOUTH MIAMI FL 33143			Mailing Address 7380 RED ROAD SOUTH MIAMI FL 33143		
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 20-2471414	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HESSEN, ANDREW J 7380 RED ROAD SOUTH MIAMI FL 33143				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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	☐ Delete			☐ Change ☐ Addition	
	Andrew J. Hessen	7380 Red Rd.			
		South Miami, FL			
		33143			
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
	☐ Delete			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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			3/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		