

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000107398

1. Entity Name
KOCINET CORP



**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90252 045 ***150.00

Principal Place of Business
8802 NW 109 CT.
606
MIAMI, FL 33178

Mailing Address
8802 NW 109 CT.
606
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
8802 NW 109th CT

3. Mailing Address
8802 NW 109th CT

Suite, Apt. #, etc.
606

Suite, Apt. #, etc.
606

City & State
DORAL, FLORIDA

City & State
DORAL, FLORIDA

Zip
33178

Zip
33178

Country
USA

Country
USA

4. FEI Number
20-3480595

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

-SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revisiting)

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
BERNAL, CONSUELO
8290 LAKE DR STE 336
DORAL, FL 33166

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BERNAL, IVONNE
8290 LAKE DR STE 336
DORAL, FL 33166

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Consuelo Bernal - 04/29/2008

(786)318-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #