


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000126860	
1. Entity Name COIBA REPUBLIC/RED HOT CORP.	

Principal Place of Business 7795 WEST FLAGLER SUITE #48 MIAMI FL 33144 US	Mailing Address POB 171202 MIAMI FL 33017 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 20-3461338	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent GONZALES, MODOALDO 18863 N.W. 64TH CT. MIAMI FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>MODOALDO GONZALEZ</u> <small>Signature, typed or printed name of registered agent and state if applicable</small>	DATE <u>3-3-08</u> <small>(NOTE: Registered Agent to print name and state if applicable)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV GONZALES, MODOALDO 18863 NW 64TH COURT MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <u>MODOALDO GONZALEZ / MODOALDO GONZALEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3-3-08</u> <small>Date</small>	FILE NO. <u>754-244-1500</u> <small>File No. Prefix #</small>
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