## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000003062

ROBLES, AIDA T

MIAMI, FL 33178

11450 S.W. 34TH ST

Name:

Address:

City-St-Zip:

FILED Jul 27, 2007 Secretary of State

Entity Na	me: COCO'S	INTERNATIONAL MOVERS	NC.				
Current P	rincipal Place	of Business:	New Prin	cipal Place	of Business:		
11450 S.W. 34TH ST MIAMI, FL 33178				11450 NW 34TH ST MIAMI, FL 33178			
Current Mailing Address:			New Mail	New Mailing Address:			
11450 S.W MIAMI, FL	V. 34TH ST 33178		11450 NW MIAMI, FL	/ 34TH ST 33178			
FEI Number	:	FEI Number Applied For ( )	FEI Number Not App	olicable (X)	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
953 ALLEF APOLLO E	T-PAULEY, MORGO LANE BEACH, FL 33	572 US	purpose of changing	its registered	d office or registered agent, or both,		
in the State	e of Florida.		parpose of changing	no regional	. omee or regional agent, or boun,		
SIGNATU	RE:						
	Electror	iic Signature of Registered Ac	gent		Date		
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior noti	ce.			
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	ES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( ) PINOCHET-PAI 953 ALLERGO APOLO BEACH	LANE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( ) PAULEY-SCAL 11450 S.W. 34 MIAMI, FL 331	TH ST	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	D ( ) PAULEY, MICH 11450 S.W. 34 MIAMI, FL 331	TH ST	Title: Name: Address: City-St-Zip:	D PAULEY, MI 11450 NW 3 MIAMI, FL 3	4TH ST		
Title:	D ()	Delete	Title:	D	(X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ROBLES, AIDA T

MIAMI, FL 33178

11450 NW 34TH ST

SIGNATURE: MACARENA SCALIA D 07/27/2007