2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003062

MIAMI, FL 33178

City-St-Zip:

Entity Name: COCO'S INTERNATIONAL MOVERS INC

FILED May 01, 2008 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
11450 NW MIAMI, FL			
Current N	lailing Address:	New Mailing Address:	
11450 NW MIAMI, FL			
FEI Number	: FEI Number Applied For (FEI Number Not Applicable (X) Certificate of Status Desired ()	
Name and	I Address of Current Registered Agen	: Name and Address of New Registered Agent:	
953 ALLEF APOLLO E The above	T-PAULEY, MONICA RGO LANE BEACH, FL 33572 US e named entity submits this statement for e of Florida.	he purpose of changing its registered office or registered agent, or both,	
SIGNATUI	RE:		
	Electronic Signature of Registered	Agent Date	
	ice with s. 607.193(2)(b), F.S., the corporation of mpaign Financing Trust Fund Contribution().	id not receive the prior notice.	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete PINOCHET-PAULEY, MONICA 953 ALLERGO LANE APOLO BEACH, FL 33572	Title: D (X) Change () Addition Name: PINOCHET-PAULEY, MONICA Address: 953 ALLERGO LANE City-St-Zip: APOLLO BEACH, FL 33572	
Title: Name: Address: City-St-Zip:	D () Delete PAULEY-SCALIA, MACARENA 11450 NW 34TH ST MIAMI, FL 33178	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete PAULEY, MICHAEL E 11450 NW 34TH ST MIAMI, FL 33178	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address:	D () Delete ROBLES, AIDA T 11450 NW 34TH ST	Title: () Change () Addition Name: Address:	

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.

City-St-Zip:

SIGNATURE: MACARENA SCALIA D 05/01/2008