## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000003062

Title:

Name: Address:

City-St-Zip:

F-4:4. No---- COCOIO INTERNATIONALA

FILED Apr 24, 2009 Secretary of State

Entity Name: COCO'S INTERNATIONAL MOVERS INC. **Current Principal Place of Business: New Principal Place of Business:** 11450 NW 34TH ST 11401 NW 134TH ST MIAMI, FL 33178 104 MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 11450 NW 34TH ST PO BOX 227340 MIAMI, FL 33178 MIAMI, FL 33222 FEI Number: 11-3767177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PINOCHET-PAULEY, MONICA 953 ALLERGO LANE APOLLO BEACH, FL 33572 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PINOCHET-PAULEY, MONICA Name: Name: 953 ALLERGO LANE Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete PAULEY-SCALIA, MACARENA Name: Name: PAULEY-SCALIA, MACARENA 11450 NW 34TH ST 11401 NW 134TH ST Address: Address: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition PAULEY, MICHAEL E PAULEY, MICHAEL E Name: Name: 11450 NW 34TH ST 11401 NW 134TH ST Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MONICA PAULEY D 04/24/2009

(X) Delete

ROBLES, AIDA T

MIAMI, FL 33178

11450 NW 34TH ST

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