## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000011381

1789 SW 3RD AVE

MIAMI, FL 33129

Address: City-St-Zip:

Entity Name: ANGLERS COVE COBALT, INC

FILED Apr 15, 2009 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1789 SW 3RD AVE MIAMI, FL 33129  Current Mailing Address:			2121 PONCE DE LEON	2121 PONCE DE LEON	
			950 CORAL GABLES EL 3	950 CORAL GABLES, FL 33134	
				New Mailing Address:	
Current W	iailing Addre		New Maining Address	New Maining Address.	
1789 SW 3RD AVE MIAMI, FL 33129				2121 PONCE DE LEON 950	
				CORAL GABLES, FL 33134	
FEI Number	: 20-4175903	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2121 PON CORAL G	ABLES, FL 3: named entity	BLVD SUITE 600 3134 US	urpose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( PORRO, JUAN 1789 SW 3RE MIAMI, FL 33	AVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MENDICINO, I 1789 SW 3RE MIAMI, FL 33	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( STRAFACI, FF	) Delete RANK	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: JUAN PORRO D 04/15/2009