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Apr 17, 2007 8:00 am
Secretary of State

03-26-2007 90055 024 ***165.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000085168

1. Entity Name
KOKOSING CO.

Principal Place of Business	Mailing Address
881 E. 38 ST HIALEAH, FL 33013	881 E. 38 ST HIALEAH, FL 33013

03212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Kokosing CO.		881 E 38 st	
Suite, Apt. #, etc. 881 E 38 st		Suite, Apt. #, etc. casa	
City & State Hialeah Fl		City & State Hialeah Fl	
Zip 33013	Country USA	Zip 33013	Country USA

4. FEI Number 20-5101917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZALDIVAR, ADELKIS 881 E. 38 ST HIALEAH, FL 33013	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ 03-22-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

$ 165.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZALDIVAR, ADELKIS 881 E. 38 ST HIALEAH, FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: ______ 03-22-07 7864394524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #