

008 FOR PROFIT CORPORATION ANNUAL REPORT

8/10/08

DOCUMENT # P07000127846

1. Entity Name
COCONUT BEACHWEAR, CORP



FILED

08 SEP 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1250 LINCOLN ROAD #409
MIAMI BEACH, FL 33139**

Mailing Address
**1250 LINCOLN ROAD #409
MIAMI BEACH, FL 33139**



2. Principal Place of Business - No P.O. Box #
7082 NW 50 St.

3. Mailing Address
7082 NW. 50st.

Suite, Apt. #, etc.

09152008 Chg-P CR2E034 (12/06)

City & State
Miami FL

Zip
33166

Country
USA

4. FEI Number
26-1505165

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**MALTAROLLO, DIOGO
1250 LINCOLN ROAD #409
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
Diogo Maltarollo

Street Address (P.O. Box Number is Not Acceptable)
7082 NW. 50 St.

City
Miami

FL Zip Code
33166

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 *[Signature]* DATE **09-15-08**

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

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALTAROLLO, DIOGO 1250 LINCOLN ROAD #409 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIMA, ALEXANDER M 1250 LINCOLN ROAD #409 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/18/08--01044--010 **150.00

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: *[Signature]* DATE **09-15-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/08

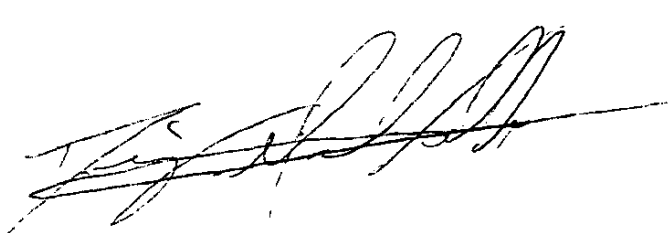
42-0622

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division Of Corporations
P.O. BOX 8700
Tallahassee, Fl 32314

Miami , September 15 of 2008 .

To Whom it may concern:

I, DIOGO MALTAROLLO just want to let know that I move to this new address 7082 NW. 50 ST. MIAMI – Fl 33166 so for that reason all the letters that you send me with the monthly payment is in my old address, I was going everyday to pick up my personal statements but I didn't receive my monthly payment until now. I just saw that I have to pay the amount of 500 for all those months that pass. I just can pay 150 for my company COCONUT BEACHWEAR, CORP. This situation makes a mess in my accountability. I hope you can understand my situation and I soon as possible I will pay my other amounts.



Coconut Beachwear, Corp.
7082 NW, 50 ST.
Miami –Fl 33166