***2007 FOR PROFIT CORPORATION**ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 30, 2007 08:0		
1. Entity Nam	MENT # P93000003 COCERY, INC.	271		Apr 30, 2007 08:0 Secretary of St		
Principal Place 2509 NE 18 JENSEN BEAG		Mailing Address 2509 NE 18 LN JENSEN BEACH, FL 34957	US		II 88111 88188 TIIN IISIK JABBI KAINBU II IBBI	
्रमुक्तः <u>वि</u>	O NOT WRITE	The state of the s	antinina ara inan	01272007 No Chg-P	CR2E034 (11/05)	
	O NOI WHILE	IN THIS SPA		4. FEI Number 65-0381399	Applied For Not Applicable	
	वि. १९ व्यक्तिक विक्रिक्त के अनुसर्व समाधित है? असे अस	and the state of t	internal	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		$\frac{d \mathbf{p}_{i}}{d \mathbf{p}_{i}} = \left\{ \mathbf{p}_{i} + \mathbf{p}_{i} \right\}_{i \in \mathcal{I}_{i}} = \left\{ \mathbf{p}_{i} + \mathbf{p}_{i} + \mathbf{p}_{i} \right\}_{i \in \mathcal{I}_{i}} = \left\{ \mathbf{p}_{i} + \mathbf{p}_{i} \right\}_{$		
SYRKUS, MARC A 2509 N.E. 18 LANE JENSEN BEACH, FL 34957				DO NOT W) D	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Fix	orida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd tritle if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	DATE	
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	S. Election Campaign Fin Trust Fund Contribution	~ .	00 May Be ed to Fees		
10.	OFFICERS AND I	DIRECTORS	այո	Die Grande G	gar and the second of the seco	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYRKUS, MARC A 2509 N.E. 18 LANE JENSEN BEACH, FL 34957		Julyan Harry		e de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania del compan	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYRKUS, JULIE R S 2509 N.E. 18 LANE JENSEN BEACH, FL 34957		W. There is a second	U00000 05/15/07-	741983 80047-025 150::00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			արտանություն և ան	DO NOT W	RITE.	
TITLE NAME				IN THIS SE	PACE	
STREET ADDRESS CITY-ST-ZIP			in the state of th		tar	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The second state of the se	ती. भीतानुन्द्रात्त्रात्त्र ज्यं मान्युव्य मान्युव्य स्थापनिक्रा		
TITLE NAME STREET ADDRESS						

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 .

CITY-ST-ZIP

ANU K SYRKUS

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

6/-2/2-2893 Daytime Phone •