

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

158.75
FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000070462

1. Entity Name
COCO'S NURSERY, INC.



Principal Place of Business
**15701 NW 127TH AVE
MIAMI, FL 33016**

Mailing Address
**15701 NW 127TH AVE
MIAMI, FL 33016**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0449169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERNANDEZ, SONIA
10485 NW 132 STREET
HIALEAH GARDENS, FL 33018**

**DO NOT WRITE
IN THIS SPACE**

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 *X Sonia Fernandez*
Signature or typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **01-19-05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, SONIA 10485 NW 132 STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORES, ORESTES 10485 NW 132 STREET HIALEAH GARDENS, FL 33018
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**DO NOT WRITE
IN THIS SPACE**

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02/05/05-80021-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X Sonia Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05 (305) 827-4589
Date Daytime Phone #