


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90062 010 \*\*\*558.75

<b>DOCUMENT # P93000070462</b>					
<b>1. Entity Name</b> COCO'S NURSERY, INC.					
<b>Principal Place of Business</b> 15701 NW 127TH AVE MIAMI, FL 33016			<b>Mailing Address</b> 15701 NW 127TH AVE MIAMI, FL 33016		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0449169	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, SONIA 10485 NW 132 STREET HIALEAH GARDENS, FL 33018			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) <u>10485 NW 132 St</u> City <u>Hialeah Gardens</u> <b>FL</b> <u>33018</u>		
<b>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.</b> SIGNATURE: <u>X Sonia Fernandez</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FERNANDEZ, SONIA 10485 NW 132 STREET HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLORES, ORESTES 10485 NW 132 STREET HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>X Sonia Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>8-4-08</u>		Daytime Phone #: <u>305)634-6865</u>	