


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90314 045 \*\*\*150.00

<b>DOCUMENT # P94000031395</b>	
1. Entity Name <b>COCOA PARK, INC.</b>	

Principal Place of Business <b>888 BRICKELL KEY DRIVE #2908 MIAMI FL 33131 US</b>	Mailing Address <b>888 BRICKELL KEY DRIVE #2908 MIAMI FL 33131 US</b>
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2. Principal Place of Business <b>721 NE 72 TER</b> Suite, Apt. #, etc.	3. Mailing Address <b>721 NE 72 TER</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>MIAMI</b>	City & State <b>MIAMI</b>
Zip <b>33138</b>	Zip <b>33138</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0485431</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WILDER, JO 888 BRICKELL KEY DRIVE #2908 MIAMI FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>JO WILDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 NE 72 TER</b> City <b>MIAMI</b> FL Zip Code <b>33138</b>	
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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 <u><b>Jo Wilder JO WILDER</b></u> DATE <u><b>4/20/06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILDER, JO 888 BRICKELL KEY DR #2908 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JO WILDER 721 NE 72 TER MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><b>Jo Wilder JO WILDER</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><b>4/21/06</b></u> <small>Date</small>	Daytime Phone # <u><b>305-778-8838</b></u> <u><b>305-371-2003</b></u> <small>Daytime Phone #</small>
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