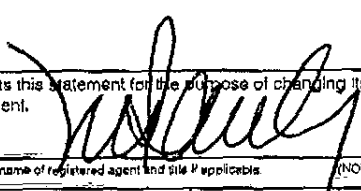
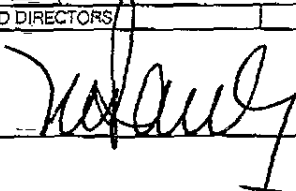
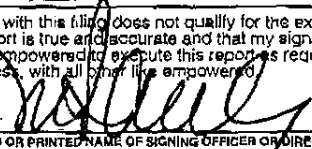


Apr. 15, 2005 4:06PM

No. 4915 P. 2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000035067		
1. Entity Name COCO'S INTERNATIONAL PACKERS, INC.		
Principal Place of Business 2100 CORAL WAY #304 MIAMI, FL 33145		Mailing Address 2100 CORAL WAY #304 MIAMI, FL 33145
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PAULEY, MONICA P 3405 NW 72ND AVE.. STE. 102 BLDG. A MIAMI, FL 33012		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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)		
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	DPS PAULEY, MONICA P 3750 NW 99 ST MIAMI, FL 33178 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MONICA PAULEY PRES 4/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0539910

Applied For
Not Applicable

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

000000332551
04/26/05-80061-025 158.75

**DO NOT WRITE
IN THIS SPACE**