

Apr. 4. 2007 3:59PM

2007 FOR PROFIT CORPORATION ANNUAL REPORT

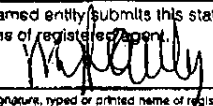
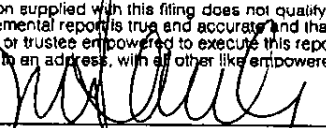
FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90036 005 ***150.00

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04042007 Chg-P CR2E034 (12/08)

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			
2. Principal Place of Business - No P.O. Box # 11450 NW 34 STREET		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State		4. FEI Number 65-0539910	
Zip 33178		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULEY, MONICA P 3405 NW 72ND AVE. STE. 102 BLDG. A MIAMI, FL 33012				7. Name and Address of New Registered Agent Name MONICA P. PAULEY Street Address (P.O. Box Number is Not Acceptable) 11450 NW 34 STREET City MIAMI FL Zip Code 33178	
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 				DATE 04-05-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PAULEY, MONICA P 3750 NW 99 ST MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PAULEY, MONICA P 11450 NW 34 STREET MIAMI, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  MONICA PAULEY PRESIDENT 04/05/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					