


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90037 006 \*\*\*150.00  
08-12-2004 90005 006 \*\*\*\*\*8.75

|   |   |
|---|---|
| <b>DOCUMENT # P95000030627</b>                          |  |
| 1. Entity Name<br><b>COCO PLUM PARTY SERVICES, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>9125 S.W. 77TH AVE<br/>SUITE A-303<br/>MIAMI, FL 33156 US</b> | Mailing Address<br><b>P.O. BOX 432236<br/>MIAMI, FL 33243 US</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



08062004 Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0569064</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|----------------------------------|---|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent               |  | 7. Name and Address of New Registered Agent        |          |
| <b>HORTA, FABIO<br/>1375 SUNSET DRIVE<br/>MIAMI, FL 33143</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | FL   | Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HORTA, FABIO<br>1375 SUNSET DRIVE<br>MIAMI, FL 33143 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** FABIO CORREA HORTA JR. **8/6/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 665-5731

Attachment  
2/11/97/15



# Division of Corporations

## 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

|   |                                |
|---|--------------------------------|
| This information cannot be changed on the report. |                                |
| Document Number                                   | P95000030627                   |
| Business Entity Name                              | COCO PLUM PARTY SERVICES, INC. |
| Original File Date                                | 04/14/1995                     |

FEI Number 65-0569064

Principal Address 9125 S.W. 77TH AVE  
SUITE A-303  
MIAMI, FL 33156 US

Mailing Address P.O. BOX 432236  
MIAMI, FL 33243 US

Registered Agent FABIO HORTA  
1375 SUNSET DRIVE  
MIAMI, FL 33143 US

### Officer/Director Name And Address

PD  
FABIO HORTA  
1375 SUNSET DRIVE  
MIAMI, FL 33143

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

# P95000030627

and you do not wish to make any  
changes, please select:

☐ No Changes

the above information, please  
select:

☐ Make Changes

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**Sunbiz Home Page**

**Public Access Help**

PLEASE, REVISE OUR FORM/FILES TO

INCLUDE 8.75 FEE ADDED TO PREVIOUS

PAYMENT SENT (150.00. CK# 7637).

THANK YOU IN ADVANCE FOR YOUR HELP.

FABIO HORTA  
FABIO HORTA  
PD  
8/6/04