2005 FOR PROFIT CORPORATION

SIGNATURE:

Jul 19, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P95000079436** 07-19-2005 90036 044 ***150.00 1 Entity Name COCONUTS OF INDIAN RIVER, INC. Principal Place of Business Mailing Address 2320 OCEAN DR. 2320 OCEAN DR. 50055957 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address 16 RIVE **51**1 JER Dewe Suite, Apt. #, etc. Suite, Apt. #, etc. 07132005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0619082 Not Applicable \$8.75 Additional 5. Celtificate of Status Desired 52963 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAN, PAMELA Street Address (P.O. Box Number is Not Acceptable) 2320 OCEAN DR. VERO BEACH, FL 32963 City 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 Signature, tv (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE TAN, PAMELA B NAME NAME 2320 OCEAN DR. STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Defete TITL F Change Addition TITLE TAN, MELICH O NAME 2320 OCEAN DR. STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE TAH DAMELA B NAME STREET ADDRESS STREET ADDRESS 32963 CITY-ST-ZIP CITY-ST-ZIP VERD BEACH TITLE ☐ Change ☐ Addition Delete TITLE SHE RIVER DRIVE NAME NAME STREET ADDRESS STREET ADDRESS VERO BEACU, FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED

Florida Department of State

P.O. Box 6198

Division of Corporations

Tallahassee, FL 32314-6198

July 15, 2005

Department of Corporations,

Last year I lost my home and home office in hurricane Frances. We moved to another home which was nearly lost in Jeanne, and are still rebuilding. I do not intend to dissolve my business, and am rebuilding that as well.

ATTACHMENT

P95000079436 50055957

I would appreciate it if you could please waive the late penalty. I am enclosing \$150.00.

Thank you very much.

Sincerely,

Pamela Tan

Owner, The Blue Dog