



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90172 044 \*\*\*150.00

<b>DOCUMENT # P96000037790</b> 1. Entity Name <b>COCO CARGO SERVICES, INC.</b>					
Principal Place of Business <b>242 ROSEDALE DR.</b> <del>#344</del> <b>MIAMI, FL 33166 US</b>			Mailing Address <b>242 ROSEDALE DR.</b> <del>#344</del> <b>MIAMI, FL 33166 US</b>		
2. Principal Place of Business <b>242 ROSEDALE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>242 ROSEDALE DR</b> Suite, Apt. #, etc.			
City & State <b>Miami Springs, FL</b>		City & State <b>Miami Springs, FL</b>		4. FEI Number <b>65-0662346</b>	
Zip <b>33166</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERGEZ, MARTA C</b> <b>242 ROSEDALE DR.</b> <del>#344</del> <b>MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>242 ROSEDALE DR</b>  City <b>Miami Springs</b> <b>FL</b> Zip Code <b>33166</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BERGEZ, GUILLERMO A</b> <b>242 ROSEDALE DR.</b> <b>MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Miami Springs, FL 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>BERGEZ, MARTA C</b> <b>242 ROSEDALE DR.</b> <b>MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Miami Springs, FL 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/22/04</b> <b>305-885-9874</b> <small>Date Daytime Phone #</small>		