

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90001 023 \*\*\*\*70.00  
03-05-2004 90018 015 \*\*\*\*80.00

94025036



02022004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000000125</b>					
1. Entity Name <b>COCO ISLANDS GOLF &amp; SPORTS, INC.</b>					
Principal Place of Business 10187 N.W. 87TH AVE MEDLEY, FL 33178			Mailing Address 10187 N.W. 87TH AVE MEDLEY, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0716051	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>RUISECO, ROBERT</del> <i>CHANGE TO</i> 10187 N.W. 87TH AVE MEDLEY, FL 33178			Name <i>MIKAEL SJOSTROM</i> Street Address (P.O. Box Number is Not Acceptable) <i>10187 N.W. 87 AVE.</i> City <i>MEDLEY</i> FL Zip Code <i>33178</i>		
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 <i>[Signature]</i>		DATE <i>MIKAEL SJOSTROM, PRESIDENT 2-5-04</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUISECO, ROBERT (RESIGNED)		NAME	MIKAEL SJOSTROM	
STREET ADDRESS	10425 SW 132 CT		STREET ADDRESS	7533 N.W. 3 ST.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	PLANTATION, FL 33371	
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKESSON, ANNA K		NAME		
STREET ADDRESS	10187 N.W. 87TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <i>[Signature]</i>		DATE <i>MIKAEL SJOSTROM 2-5-04 (305) 888-1684</i>			
Signature and typed or printed name of signing officer or director		Date Daytime Phone #			