

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State



DOCUMENT # P97000000125

1. Entity Name
 COCO ISLANDS GOLF & SPORTS, INC.

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0716051

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SJOSTROM, MIKAEL
 10187 N.W. 87TH AVE
 MEDLEY FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD Delete
 NAME SJOSTROM, MIKAEL
 STREET ADDRESS 7533 NW 3 ST
 CITY-STATE-ZIP PLANTATION FL 33359

Change Addition
 NAME U00000611118
 STREET ADDRESS 02/02/07-80048-018 150.00
 CITY-STATE-ZIP

TITLE VST Delete
 NAME AKESSON, ANNA K
 STREET ADDRESS 10187 N.W. 87TH AVE
 CITY-STATE-ZIP MEDLEY FL 33178

Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
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Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mikael Sjostrom* Mikael Sjostrom 1/24/07 (305) 898-8684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #