

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90034 012 \*\*\*158.75

**DOCUMENT # P98000074937**

1. Entity Name

COCONUTZ NURSERY & GROWERS CORPORATION



Principal Place of Business

20300 SW 177 AVE  
MIAMI FL 33187

Mailing Address

20300 SW 177 AVE  
MIAMI FL 33187

2. Principal Place of Business

23901 SW 207 Ave

3. Mailing Address

9040 SW 171 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33170

Country

Dade

Zip

33151

Country

Dade

4. FEI Number

65-0858748

Applied For

Not Applicable

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

Name

BROWN, ROBIN D

20975 SW 220TH ST.

MIAMI FL 33170

Street Address (P.O. Box Number is Not Acceptable)

9040 SW 171 Terrace

City

Miami

FL

Zip Code

33151

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

*Robin D Brown*

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, 2004 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 D ☐ Delete  
NAME BROWN, ROBIN D  
STREET ADDRESS 20975 SW 220TH ST.  
CITY-ST-ZIP MIAMI FL 33170

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 9040 SW 171 Terrace  
CITY-ST-ZIP Miami, FL 33151

TITLE D ☐ Delete  
NAME STANTON, SCOTT L  
STREET ADDRESS 1001 N. SHORE DR.  
CITY-ST-ZIP MIAMI BCH FL 33141

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ Delete  
NAME HEPP, EDWARD C  
STREET ADDRESS 1020 N. SHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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:

*Robin D Brown* Robin D. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

305/969-4440

Daytime Phone #