

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074937

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** COCONUTZ NURSERY & GROWERS CORPORATION

**Current Principal Place of Business:**

23901 SW 207 AVE  
MIAMI, FL 33031

**New Principal Place of Business:**

1001 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

9040 SW 171 TERRACE  
MIAMI, FL 33157

**New Mailing Address:**

1001 NORTH SHORE DRIVE  
MIAMI BEACH, FL 33141

**FEI Number:** 65-0858748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, ROBIN D  
9040 SW 171 TERR  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

BROWN, ROBIN D  
10481 SW ACADEMIC WAY  
PORT SAINT LUCIE, FL 34987 US

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.

SIGNATURE:

02/19/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: BROWN, ROBIN D  
Address: 9040 S 171 TERR  
City-St-Zip: MIAMI, FL 33157

Title: DPT ( ) Delete  
Name: STANTON, SCOTT L  
Address: 1001 N. SHORE DR.  
City-St-Zip: MIAMI BCH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVS (X) Change ( ) Addition  
Name: BROWN, ROBIN D  
Address: 10481 SW ACADEMIC WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DPT (X) Change ( ) Addition  
Name: STANTON, SCOTT L  
Address: 1001 NORTH SHORE DR.  
City-St-Zip: MIAMI BCH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN D. BROWN

VP

02/19/2008

Electronic Signature of Signing Officer or Director

Date