2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # P99000051994 1. Entity Name 03-29-2005 90016 015 ***150.00 KOOPERATIVA CORP. Principal Place of Business Mailing Address 800 BRICKELL KEY DR 808 BRICKELL KEY DR1 40041736 #1508 MIAMI FL 33131 MIAMI EL 23131 2. Principal Place of Business 3. Mailing Address 1841 SW 29Th AVENUE CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0925519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. LOPES, ANDRE F TULE ☐ Addition TITLE Detete 1331 BRICKELL BAY DD. #803 LOPES, ANDRE F NAME NAME 808 BRICKELL KEY DR #1508 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33131 CITY-ST-ZIP MIAM! FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME VILLAMIZAR, JORGE A NAME STREET ADDRESS 776 NE 74TH ST STREET ADDRESS **MIAMI FL 33138** CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAMÉ NAME FREIRE, JOSE J STREET ADDRESS 2010 SW 23RD TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED

305-582-3130