


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

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90066 005 \*\*\*150.00

**DOCUMENT # P99000053461**

1. Entity Name  
**COQUI, INC.**



Principal Place of Business  
**210 CAPTAIN'S WALK #716 DELRAY BEACH FL 33483**

Mailing Address  
**210 CAPTAIN'S WALK #716 DELRAY BEACH FL 33483**


2. Principal Place of Business  
**210 CAPTAIN'S WALK #716**

3. Mailing Address  
**SAME**

City & State  
**DELRAY Bch. FL.**

City & State  
**DELRAY Bch. FL.**

Zip  
**33483** Country **USA**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**JENNINGS, ANITA S  
 210 CAPTAIN'S WALK #716  
 DELRAY BEACH FL 33483**

4. FEI Number **65-0934817**

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

7. Name and Address of New Registered Agent

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 *Anita S Jennings* DATE **2/19/05**

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**  
**After May 1, 2005 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**

TITLE	D <input type="checkbox"/> Delete
NAME	JENNINGS, ANITA S
STREET ADDRESS	210 CAPTAIN'S WALK, #716
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PEREZ SOTO, ENID
STREET ADDRESS	613 PONCE DE LEON #302
CITY-ST-ZIP	MIRAMAR PR 00907
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Anita S Jennings* DATE **2/19/05** 561-276-9863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #