

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90020 013 \*\*\*150.00

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01182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000108955</b>			
1. Entity Name <b>COCO PLUM INVESTMENTS, INC.</b>			
Principal Place of Business <b>12000 OVERSEAS HIGHWAY MARATHON, FL 33050</b>		Mailing Address <b>12000 OVERSEAS HIGHWAY MARATHON, FL 33050</b>	
2. Principal Place of Business		3. Mailing Address <b>2955 Overseas Highway</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Marathon, FL</b>	
Zip	Country	Zip	Country
<b>33050</b>		<b>Marathon</b>	
4. FEI Number <b>56-2402787</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOLFE, JOHN J 2955 OVERSEAS HIGHWAY MARATHON, FL 33050</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS DELILLO, MICHAEL A 12000 OVERSEAS HIGHWAY MARATHON, FL 33050</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Mich De Lillo</b>		Date: <b>2/14/05</b> Daytime Phone #: <b>305-743-9858</b>	