


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # S24162 1. Entity Name INTERNATIONAL COCHMART INC.	
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Principal Place of Business 1440 SOUTH BRICKELL BAY DRIVE, STE 708 MIAMI, FL 33131	Mailing Address 1440 SOUTH BRICKELL BAY DRIVE, STE 708 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2692226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTINEZ, OFELIA
1440 SOUTH BRICKELL BAY DRIVE, STE 708
MIAMI, FL 33131**

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000942760 05/29/08-80030-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, OFELIA 1440 SOUTH BRICKELL BAY DRIVE, STE 708 MIAMI, FL 33131
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ofelia Martinez* **4/26/08 (786) 433-6755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #