

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90009 038 ***150.00

DOCUMENT # S36028 1. Entity Name COCO LUNETTE, INC.					
Principal Place of Business POST OFFICE BOX 140668 CORAL GABLES, FL 33114-0668				Mailing Address POST OFFICE BOX 140668 CORAL GABLES, FL 33114-0668	
2. Principal Place of Business 3015 GRAND AVE		3. Mailing Address 5825 SUNSET DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. STE 309			
City & State COCONUT GROVE, FL		City & State SOUTH MIAMI, FL		4. FEI Number 65-0262520	
Zip 33133		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33143		Country MIAMI-DADE		6. Name and Address of Current Registered Agent MJF REGISTERED AGENT CORP. 153 SEVILLA AVENUE CORAL GABLES, FL 33134	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SDPT	NAME BEINER, EDWARD		<input type="checkbox"/> Delete		
STREET ADDRESS 153 SEVILLA AVENUE	CITY-ST-ZIP CORAL GABLES, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ Per.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

