04

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 14 AM 11:23

DOCUMENT # S81390

1. Entity Name
2949 COCONUT AVE INC

DO NOT WRITE IN THIS SPACE

Enrique Fuentes
3/30/04 90002 040 150.00

66415944

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2949 COCONUT AVE	3070 SW 38th ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA 33133	City & State: MIAMI FLA
Zip:	Zip: 33146
Country: DADE	Country: DADE

4. FEI Number: N/A — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Enrique Fuentes
Street Address (P.O. Box Number is Not Acceptable): 3070 SW 38th Ct
Miami Fl 33146
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: [signature] 04-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FUENTES EDUARDO D. 3070 SW 38th ct MIAMI FLA 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FUENTES ENRIQUE D. 3070 SW 38th ct MIAMI FLA 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Director 3/26/04 305 648 0882
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

5/14 AA