


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 005 ***150.00

DOCUMENT # P03000062897

1. Entity Name
COQUI BROTHERS, INC.



Principal Place of Business
**6929 MINDELLO ST
 CORAL GABLES, FL 33146**

Mailing Address
**6929 MINDELLO ST
 CORAL GABLES, FL 33146**



2. Principal Place of Business
10540 NW 29 TERR.

3. Mailing Address
10540 NW 29 TERR.

Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
58-2674780

Applied For
 Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, MAURO D
 6929 MINDELLO ST
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name
RODOLFO J. HERNANDEZ

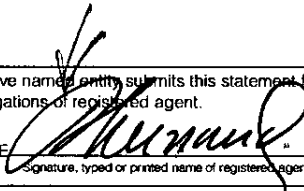
Street Address (P.O. Box Number is Not Acceptable)
881 OCEAN DRIVE # 15A

City
KEY BISCAYNE

State
FL

Zip Code
33149

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  **Rodolfo J. Hernandez** *Director*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE **3/29/04**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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	DP HERNANDEZ, MAURO D 6929 MINDELLO ST CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, RODOLFO J 881 OCEAN DR #15A KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVAREZ, JOSEFINA 6929 MINDELLO ST CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERNANDEZ, YOLANDA J 881 OCEAN DR #15A KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 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:  **Rodolfo J. Hernandez**
 Signature and typed or printed name of signing officer or director Date **3/29/04**