


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90039 043 \*\*\*\*61.25

<b>DOCUMENT # 704578</b>			
1. Entity Name <b>CORONET VILLA APARTMENTS, INC.</b>			
Principal Place of Business <b>2300 JACKSON ST HOLLYWOOD FL 33020</b>		Mailing Address <b>C/O J DEGAGLIA 8 OLDFIELD CT GARNERVILLE NY 10923 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DE GAGLIA, JOANN 2300 JACKSON ST APT. 12 HOLLYWOOD FL 33020</b>		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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEGALIA, JOANN 8 OLDFIELD COURT GARNERVILLE NY 10923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINTAUDI, ROSARIO 8 LAUREL DRIVE STONY PT STONY POINT NY 10980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete COTE', FRANCOISE 1400 LOUISE ST ST FRANCAIS-LAVAL QUEBEC, CAN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SALVATORE Campanella 2300 JACKSON ST Apt 11 Hollywood FLA. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GUELI, MARIA 11630 PIERRE BAILLARGEON MONTREAL CN hi-e425	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"/> Delete D PANTANO, PHILIP 37 KAREN LANE DEPEW NY 14043	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT RAOUL ROBAINA 2300 JACKSON ST Apt 4 Hollywood Fla 33020

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *J A De Gaglia* 3/17/08 845-269-3911