
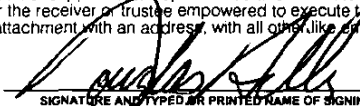


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90014 027 \*\*\*\*61.25

DOCUMENT # N01000004734					
1. Entity Name CORAL PLAZA OF MIAMI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3500 SW 22ND STREET MIAMI, FL 33145		Mailing Address P.O. BOX 490720 KEY BISCAYN, FL 33149			
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	4. FEI Number 37-1430518	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MICHELE AND ASSOCIATES 800 CRANDON BLVD #102 KEY BISCAYN, FL 33149				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____					
Filing Fee's \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINO, ADA		NAME		
STREET ADDRESS	3500 CORAL WAY #1405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, DOUGLAS		NAME		
STREET ADDRESS	3500 CORAL WAY #904		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA, LOPEZ		NAME	AUDREY ZILLI	
STREET ADDRESS	3500 CORAL WAY #508		STREET ADDRESS	3500 Coral way #1004	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bharat Sejjal	
STREET ADDRESS			STREET ADDRESS	3500 Coral way #1007	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shree Shurma	
STREET ADDRESS			STREET ADDRESS	3500 Coral way #705	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 		3/27/08		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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