


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000085472

1. Entity Name
4 CORAL COAST CORP.



Principal Place of Business
**100 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131**

Mailing Address
**100 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**THOMPSON, DISNEY
100 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131**

4. FEI Number **65-1039080**

Applied For Not Applicable

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

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 _____
Signature typed or printed name of registered agent and title if applicable. **CREATE** Registered Agent signature required when reissuing. **DATE**

FILE NUMBER: FEE IS \$100.00

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

10. OFFICERS AND DIRECTORS

TITLE **D**

NAME

STREET ADDRESS
**100 E. FLAGLER STREET SUITE 1527
MIAMI FL 33131**

CITY-ST-ZIP

TITLE **D**

NAME **GUTIERREZ GOMEZ, SILVIA**

STREET ADDRESS
**169 E. FLAGLER STREET, SUITE 1527
MIAMI, FLORIDA 33131**

CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**

NAME **GUTIERREZ GOMEZ, SILVIA**

STREET ADDRESS
**169 E. FLAGLER STREET, SUITE 1527
MIAMI, FL. 33131**

CITY-ST-ZIP

500041013385
09/13/04--01072--016 **550.00

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 partner or trustee empowered to prepare 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 addendum.

SIGNATURE: *Silvia Gutierrez Gomez* **4-29-04 305-381-9322**

FILED

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CHECK HERE IF MAKING CHANGES

[Handwritten mark]