2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90439 043 ***150.00

DOCUMENT # P03000012705

1. Entity Name
CORAL EAST DEVELOPMENT, CORP.

Principal Place of Business	Mailing Address
12235 SW 129TH CT MIAMI, FL 33186	12235 SW 129TH CT MIAMI, FL 33186

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
10 NW 42ND. Ave		10 NW 42ND. Ave	
Suite, Apt. #, etc.: Suite # 400		Suite, Apt. #, etc.: Suite # 400	
City & State: MIAMI, FL.		City & State: MIAMI, FL	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 47-0908992 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 NW 12TH ST, PH-1
MIAMI, FL 33126

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. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOURIZ, REINALDO 12235 SW 129TH CT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOURIZ, REINALDO J 10 NW 42ND. Ave, Suite 400 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOURIZ, Miguel A 10 NW 42ND. Ave, Suite 400 MIAMI, FL 33126	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Reinaldo J. Mouriz 4/20/04 (305) 567-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #