## 2004 FOR PROFIT CORPORATION

## May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000015903 1. Entity Name 1235 CORAL WAY, INC. Principal Place of Business Mailing Address 1235 CORAL WAY 1235 CORAL WAY SUITE 200 SUITE 200 MIAMI, FL 33145 MIAMI, FL 33145 US No Chg-P 04212004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0835608 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALONSO, JUAN C DO NOT WRITE 1235 CORAL WAY SUITE 200 IN THIS SPACE MIAMI, FL 33145 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 U00000149914 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/03/04-80205-006 150.00 10. OFFICERS AND DIRECTORS THIE NAME ALONSO, JUAN CARLOS STREET ADDRESS 7100 SW 60 STREET CITY-ST-719 MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HITLE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP THE MARAF STREET ADDRESS CITY-ST-ZIP HILE

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 Statules. 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 accurate empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

**FILED**