


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S85009 1. Entity Name CORAL GABLES IMPORTS, INC.	
--	---

Principal Place of Business 200 BIRD ROAD CORAL GABLES, FL 33146	Mailing Address 200 BIRD ROAD CORAL GABLES, FL 33146
--	--



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0284932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, EVAN
INTERNATIONAL PLACE
100 S.E. 2ND STREET, SUITE 2700
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLOMBO, UGO 701 BRICKELL AVE STE 3150 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORIN, KENNETH T 200 BIRD ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, ARTHUR J 701 BRICKELL AVE STE 3150 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RUSTIN, LAWRENCE H 200 BIRD ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000858545
04/01/08-80049-009 150.00

DO NOT WRITE IN THIS SPACE

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 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: *Lawrence H. Rustin* Date: *Mar. 6, 2008* Daytime Phone #: *305-444-5500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR