

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005033

FILED
Apr 27, 2004
Secretary of State

Entity Name: THE COALITION TO RESCUE PARADISE, INC.

Current Principal Place of Business:

361 W BEECHWOOD DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

1 SE 3RD AVENUE SUITE 2250
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1121640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMKGS REGISTERED AGENTS, INC.
2250 SUNTRUST INTERNATIONAL CENTER
ONE SE THIRD AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABALLI, ARTURO J
Address: 1 SE 3RD AVE
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: SUAREZ, CONCHITA
Address: 201 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: ROMANO, PATRICIA
Address: 361 BEECHWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: FINE, SUSAN
Address: GBR TOWER 1 445 GRAD BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: CD () Delete
Name: GUETHING, CAMILLE
Address: 260 SEA VIEW DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: DIAZ-CASTRO, CAROL
Address: 240 HAMPTON LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO J. ABALLI

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date

BLANCA MESA, ASSISTANT SECRETARY
544 FERNWOOD ROAD
KEY BISCAYNE, FL 33149