2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Mar 09, 2006 08:00 A		
DOCU 1. Entity Nan	MENT # P030000964		}	Secr	etary of State	
CORAL F	REAL ESTATE MANAGEMEN	T, INC.				
	ce of Business	Mailing Address				
537 MARMO CORAL GABI)RE .ES, FL 33146	537 MARMORE CORAL GABLES, FL 33146		}		
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DO NOT WRITE IN THIS SPA			CE	01092006	No Chg-P	CR2E034 (11/05)
			∪ I,	4. FEI Numb 20-019		Applied For Not Applicable
1					of Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent		}		Fee Required
CORDOV						
CORDOVA, ANGEL D 780 NW 42ND AVE., #416			DO NOT WRITE			
MIAMI, FL 33126			}	IN T	THIS SF	PACE
6. The above	named entity submits this statement for th	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am lamiliar with, and accept
the obligat	tions of registered agent.		_	_		
SIGNATURE.	Signature, typed or printed name of registered agent and	Me ff applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE
		6 Fination Communica Finan				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
TITLE	OFFICERS AND DIF	RECTORS }	1			
MAME	ALVAREZ, ANTONIO					
STREET ADDRESS CITY-ST-ZIP	537 MARMORE CORAL GABLES, FL 33146		[
TITLE	DOTALL OFFICE OF TO		1		LO HATALA	<i>:</i> 461663
NAME.			ſ			80004-017 150.00
STREET ADDRESS CITY-ST-ZIP			ľ			
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CITY-ST-ZIP			ł			
TITLE Name			1			
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CITY-ST-ZIP			1			
TIPLE NAME						
STREET ADDRESS			i			

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this seport 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 agraeddess, with all other like empowered.

SIGNATURE: X

CITY-ST-ZIP

BIGHATURE AND TYPED OR FRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ANTONIO ALVAREZ, PRES. 1/12/06

Daytime Phone #