

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 047 ***150.00

DOCUMENT # 184373

1. Entity Name
CORAL CORNER SHOPPING CENTER, INC.



Principal Place of Business
C/O ARTHUR M. DRUJAK, CPA
3890 W. COMMERCIAL BLVD., SUITE 217
FT LAUDERDALE, FL 33309-3326 US

Mailing Address
C/O ARTHUR M. DRUJAK, CPA
3333 W COMMERCIAL BLVD #202
FORT LAUDERDALE, FL 33309 US

400010



2. Principal Place of Business
3313 W. Commercial Blvd

3. Mailing Address
3313 W Commercial Blvd

Suite, Apt. #, etc.
#190

Suite, Apt. #, etc.
#190

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip
33309

Zip
33309

Country

Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
59-0812482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYSON, JOHN C
2400 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

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 _____ 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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIQUEZ, RICHARD	
STREET ADDRESS	3038 N FEDERAL HWY #E	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOYT, ERIC	
STREET ADDRESS	3038 N FEDERAL HWY #F, 2ND FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WYNN, III, W RICHARD	
STREET ADDRESS	3038 N FEDERAL HWY #K	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 *94-485-444*
Date Daytime Phone #