

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90055 004 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # 376043 1. Entity Name CORAL FINANCE COMPANY					
Principal Place of Business 814 PONCE DE LEON BLVD, #310 CORAL GABLES, FL 33134			Mailing Address 814 PONCE DE LEON BLVD, #310 CORAL GABLES, FL 33134		
2. Principal Place of Business 2307 Douglas Road Suite, Apt. #, etc. 402		3. Mailing Address P.O. Box 141683 Suite, Apt. #, etc.		4. FEI Number 59-1445118 Applied For <input type="checkbox"/> Not Applicable	
City & State Miami, FL.		City & State Coral Gables, Fl.			
Zip 33145		Zip 33114-1683			
Country Dade		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE 14261 SW 74TH TERRACE MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 01/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RODRIGUEZ, JORGE 14261 SW 74TH TERRACE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: JORGE RODRIGUEZ 01/25/05 305.445.3088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					