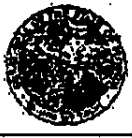


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 476233 1. Entity Name CORAL REEF FARMS, INC.			
Principal Place of Business 8320 S.W. 164TH ST. MIAMI, FL 33157 US		Mailing Address 8320 S.W. 164TH ST. MIAMI, FL 33157 US	
DO NOT WRITE IN THIS SPACE		 04272007 No Chg-P CR26034 (11/05)	
4. FEI Number 59-1613456		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, CHARLES R. 1310 N. KROME AVENUE HOMESTEAD, FL 33030		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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000750044 05/18/07-80049-003 150 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WISHART, JACK D. 8320 S.W. 164TH ST. MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WISHART, MAXINE 8320 S.W. 164TH ST. MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CHAFFIN, LISA W. 8320 S.W. 164TH ST. MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 807, 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: <u>Maxine Wishart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/27/07</u> <u>305 342 7846</u> Date Daytime Number	