

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
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**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1613456

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WISHART, JACK D.
STREET ADDRESS	8320 S.W. 164TH ST.
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	SD
NAME	WISHART, MAXINE
STREET ADDRESS	8320 S.W. 164TH ST.
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	CD
NAME	CHAFFIN, LISA W.
STREET ADDRESS	8320 S.W. 164TH ST.
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000949684
06/03/08-80037-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Maxine Wishart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 (305) 342-7846
Date Daytime Phone #