

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 476233

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CORAL REEF FARMS, INC.

## Current Principal Place of Business:

8320 S.W. 164TH ST.  
MIAMI, FL 33157 US

## New Principal Place of Business:

## Current Mailing Address:

8320 S.W. 164TH ST.  
MIAMI, FL 33157 US

## New Mailing Address:

FEI Number: 59-1613456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROWE, CHARLES R.  
1310 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WISHART, JACK D.  
Address: 8320 S.W. 164TH ST.  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: WISHART, MAXINE  
Address: 8320 S.W. 164TH ST.  
City-St-Zip: MIAMI, FL 33157

Title: CD ( ) Delete  
Name: CHAFFIN, LISA W.  
Address: 8320 S.W. 164TH ST.  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAXINE WISHART  
Address: 8320 S.W. 164TH ST.  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE WISHART

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date