2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #651965

1. Entity Name

CORAL PARK SERVICE STATION INCORPORATED



FILED Aug 04, 2008 08:00 AM Secretary of State

Principal Place of Business

9700 S.W. 8TH STREET MIAMI, FL 33174

Mailing Address

9700 S.W. 8TH STREET MIAMI, FL 33174



07312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2013088 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERIN, ALDO 10720 SW 28 ST MIAMI, FL 33165

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								:
	named entity submits this statement for the putions of registered agent.	rpose of changing its registere	ed office or re	egistered agent, or bo	ith, in the State of	Florida, ‡am famıl	iar with, and accept	ī
SIGNATURE	. Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registères	s Agent signature	required when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	In accordance corporation of	e with s. 607.193 did not receive the	3(2)(b), F.S., the e prior notice.	
10.	OFFICERS AND DIREC	TORS		7				ï
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERIN, ALDO 10720 SW 28 ST MIAMI, FL 33165 VPS CALDERIN, URBANO A. 3420 SW 99 CT MIAMI, FL				U0001 08/04/00	00957090 3-80008-02	98 158.75	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS S	PACE		The William Co.

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR