2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2004 08:00 AM Secretary of State **DOCUMENT # 686714** 1. Entity Name CORAL CASTLE, INC. Principal Place of Business Mailing Address 28655 SOUTH FEDERAL HIGHWAY C/O FRED BLUMENFELD 5301 W DEMPSTER, SUITE 300 HOMESTEAD, FL 33033-1214 SKOKIE, IL 60077 No Chg-P CR2E034 (10/03) 03192004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2060000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLUMENFELD, FRED 9601 COLLINA AVE APT 306 C/O BARR IN THIS SPACE BAL HARBOR, FL 33154 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000034619 03/23/04-80004-002 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 'n. OFFICERS AND DIRECTORS TITLE BARR, IRVING NAME STREET ADDRESS 180 EAST PEARSON CITY-ST-ZIP CHICAGO, IL TITLE BARR, LYNN NAME 180 EAST PEARSON STREET ADDRESS CITY-ST-ZIP CHICAGO, IL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HUE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the corporation or the recichanged, or on an attachme

TRESIDENT

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

773) 274-5700

Daytime Phone #

FILED