


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 686714**  
 1. Entity Name  
**CORAL CASTLE, INC.**



Principal Place of Business: **28655 SOUTH FEDERAL HIGHWAY  
 HOMESTEAD, FL 33033-1214**

Mailing Address: **C/O FRED BLUMENFELD  
 5301 W DEMPSTER, SUITE 300  
 SKOKIE, IL 60077**



04062006 No Chg-F CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-2060000** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLUMENFELD, FRED  
 9601 COLLINA AVE  
 APT 308 C/O BARR  
 BAL HARBOR, FL 33154**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARR, IRVING
STREET ADDRESS	180 EAST PEARSON
CITY-ST-ZIP	CHICAGO, IL
TITLE	ST
NAME	BARR, LYNN
STREET ADDRESS	180 EAST PEARSON
CITY-ST-ZIP	CHICAGO, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508067  
 04/27/06-80088-008 150.00

**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: Law Barr **4/10/06 (847)967-0770**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR