## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**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

## FILED Mar 09, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

03002007		No Chy-F	URZI	CU34 (11/	11/05)		
4.	FEI Number				Applied For		
	59-2060	000			Not Applicable		
5.	Certificate o	f Status Desired			75 Additional		

6. Name and Address of Current Registered Agent

BLUMENFELD, FRED 9601 COLLINA AVE APT 306 C/O BARR BAL HARBOR, FL 33154

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lons of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Flore	da. ⊺am familiar with, a	and accept
SIGNATURE.	Signature, typed or pinnled name of registered agent and bile	if applicable. (NOTE Registered	Agent signature	a required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			oing	\$5.00 May Be ¿ Added to Fees	4 2 4	The second of th	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE P BARR, IRVING 180 EAST PEARSON CHICAGO, IL	CTORS				. •	
NAME STREET ADDRESS CITY-ST-ZIP	ST BARR, LYNN 180 EAST PEARSON CHICAGO, IL				U000 03/19/0	00660319 7-80021-004	150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					•	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the information supplied with this f	iling does not qualify for the exe	molions con	otained in Chanter 11	9 Florida Statutae I fu	ther cartify that the interest	formation

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07 (773)274-5700