

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686714

Entity Name: CORAL CASTLE, INC.

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

28655 SOUTH FEDERAL HIGHWAY  
HOMESTEAD, FL 330331214

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FRED BLUMENFELD  
5301 W DEMPSTER, SUITE 300  
SKOKIE, IL 60077

**New Mailing Address:**

FEI Number: 59-2060000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMENFELD, FRED  
9601 COLLINA AVE  
APT 306 C/O BARR  
BAL HARBOR, FL 33154 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: P ( ) Delete  
Name: BARR, IRVING  
Address: 180 EAST PEARSON  
City-St-Zip: CHICAGO, IL

Title: ST ( ) Delete  
Name: BARR, LYNN  
Address: 180 EAST PEARSON  
City-St-Zip: CHICAGO, IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BARR IRVING

P

02/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date