


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 006 ****61.25

DOCUMENT # 704578 1. Entity Name CORONET VILLA APARTMENTS, INC.	
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Principal Place of Business 2300 JACKSON ST HOLLYWOOD FL 33020	Mailing Address C/O J DEGAGLIA 8 OLDFIELD CT GARNERVILLE NY 10923 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE GAGLIA, JOANN 2300 JACKSON ST APT. 12 HOLLYWOOD FL 33020
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME ST DEGALIA, JOANN STREET ADDRESS 8 OLDFIELD COURT CITY - ST - ZIP GARNERVILLE NY 10923	<input type="checkbox"/> Delete
TITLE NAME VP PINTAMDI, ROSARIO STREET ADDRESS 8 LAUREL DRIVE STONY PT CITY - ST - ZIP STONY POINT NY 10980	<input type="checkbox"/> Delete
TITLE NAME P COTE', FRANCOISE STREET ADDRESS 1400 LOUISE ST CITY - ST - ZIP ST FRANCAIS-LAVAL QUEBEC, CAN	<input type="checkbox"/> Delete
TITLE NAME D GUELI, MARIA STREET ADDRESS 11630 PIERRE BAILLARGEON CITY - ST - ZIP MONTREAL CN hi-e425	<input type="checkbox"/> Delete
TITLE NAME D PANTLAND, PHILIP STREET ADDRESS 37 KAREN LANE CITY - ST - ZIP DEPEW NY 14043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PINTAUDI *(correct spelling) STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PANTANO (correct spelling) STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Joann V De Gaglia Date: 4/14/07 Telephone: 845 429-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR