2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # 811603** 1. Entity Name 02-25-2004 90032 018 ***150.00 **CORAL SEA TOWERS INC** Principal Place of Business Mailing Address 10300 W BAY HARBOR DR 10300 W BAY HARBOR DR 54011441 **BAY HARBOR ISLAND** BAY HARBOR ISLAND MIAMI BEACH FL 33154 MIAMI BEACH FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0824348 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRONIN, PAUL Street Address (P.O. Box Number is Not Acceptable) 10300 W BAY HARBOR DR BAY HBR IS FL 33154 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRONIN, PAUL NAME NAME STREET ADDRESS 10300 W BAY HBR DR STREET ADDRESS MIAMI FL 33154 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME LAVINE, AL NAME 10300 W BAY HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HBR FL 33154 CITY-ST-ZIP Delete ☐ Change TITLE DS TITLE ☐ Addition NAME NAME LINDLEY, ELISE STREET ADDRESS 10300 W BAY HARBOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33154 Wheatley Cecile 60300 W. Bay Harbor Dr. ☐ Addition TIT) F ☐ Delete WHEATLEY, CECILE NAME NAME STREET ADDRESS 10300 W BAY HARBOR DR STREET ADORESS MIAMI BEACH FL 33154 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE GASTONE, LUIGI NAME NAME 10300 W BAY HARBOR DR STREET ADDRESS STREET ADDRESS MIAMI FL 33154 CITY-ST-ZIP CITY-ST-7IP D VP stripling, Ken Br. 10300 W. Bay Harbor Dr. VP ☐ Delete TITLE ☐ Addition TITI F STRIPLING, KEN NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

10300 W BAY HARBOR DR

MIAMI FL 33154

Paul Ti Cronin Resident 2/12/04

Bay Harbor Is

FILED