

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 013 ***150.00

DOCUMENT # 811603 1. Entity Name CORAL SEA TOWERS INC					
Principal Place of Business 10300 W BAY HARBOR DR BAY HARBOR ISLAND MIAMI BEACH, FL 33154			Mailing Address 10300 W BAY HARBOR DR BAY HARBOR ISLAND MIAMI BEACH, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0824348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CRONIN, PAUL 10300 W BAY HARBOR DR BAY HBR IS, FL 33154			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CRONIN, PAUL STREET ADDRESS 10300 W BAY HBR DR CITY-ST-ZIP MIAMI, FL 33154	<input type="checkbox"/> Delete		TITLE P. NAME Jordan LEONARD STREET ADDRESS 10300 W BAY HBR DR CITY-ST-ZIP BAY Harbor Islands FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LAVINE, AL STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP BAY HBR, FL 33154	<input type="checkbox"/> Delete		TITLE DT NAME Christopher Mills STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME LINDLEY, ELISE STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP MIAMI BEACH, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE PD NAME NORMAN FINK STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP BAYHARBOR ISLANDS FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME WHEATLEY, CECILE STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP MIAMI BEACH, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Noelle CHUTKAN STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GASTONE, LUIGI STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP MIAMI, FL 33154	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP NAME STRIPLING, KEN STREET ADDRESS 10300 W BAY HARBOR DR CITY-ST-ZIP MIAMI, FL 33154	<input type="checkbox"/> Delete		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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4/28/05 305-206-8497		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		