

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 009 ***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		3. Mailing Address			
Suite, Apt. #, etc. - - -		- Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-0824348				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRONIN, PAUL 10300 W BAY HARBOR DR BAY HBR IS, FL 33154			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	CP CRONIN, PAUL 10300 W BAY HBR DR MIAMI, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cecile Wheatley 10300 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVINE, AL 10300 W BAY HARBOR DR BAY HBR, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATRICE SANCHEZ VARGAS 10300 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, JORDAN 10300 W. BAY HBR DRIVE BAY HARBOR ISLAND, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Noelle Chutkan 10300 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLS, CHRISTOPHER 10300 W. BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BAILLIE 10300 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, NORMAN 10300 W. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STRIPLING, KEN 10300 W BAY HARBOR DR MIAMI, FL 33154				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>C Wheatley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Treasurer 4/26/06 <small>Date Daytime Phone #</small>		