


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90037 003 ***158.75

DOCUMENT # F02000000351	
1. Entity Name AES CORAL, INC.	

Principal Place of Business 2 ALHAMBRA PLAZA STE 1104 CORAL GABLES, FL 33134	Mailing Address 1001 NORTH 19TH STREET SUITE 2000 ARLINGTON, VA 22209
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50056048

2. Principal Place of Business 4300 Wilson Boulevard Suite, Apt. #, etc. 11th Floor Arlington, Virginia 22203 USA	3. Mailing Address 4300 Wilson Boulevard Suite, Apt. #, etc. 11th Floor Arlington, Virginia 22203 USA
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06302005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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4. FEI Number 52-2343307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, EDWARD C III 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUSSER, SARAH A 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORY, DAVID 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTLETT, DONALD J 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOAGLAND, WILLARD C III 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NGUYEN, THAM 1001 N 19TH ST SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR EDWARD C. HALL, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SARAH A. SLUSSER 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID FLORY 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DONALD J. BARTLETT 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLARD C. HOAGLAND, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THAM NGUYEN 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" 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: Tham Nguyen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THAM NGUYEN
SECRETARY

6/30/2005 7035221315
Date Daytime Phone #