

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F86507

FILED
Apr 20, 2009
Secretary of State

Entity Name: CORAL GABLES BRIDALS, INC.

Current Principal Place of Business:

141 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

141 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

P.O. BOX 141707
CORAL GABLES, FL 331141707

FEI Number: 59-2200389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOS REYES, RAFAEL
5750 SW 45 TERR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DE LOS REYES, DULCE
Address: 5750 SW 45TH TERR
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: DE LOS REYES, RAFAEL A
Address: 5750 SW 45TH TERR
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE LOS REYES, DULCE M.
Address: 5750 SW 45TH TERR
City-St-Zip: MIAMI, FL 33155

Title: STD (X) Change () Addition
Name: DE LOS REYES, RAFAEL A
Address: 5750 SW 45TH TERR
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL DE LOS REYES

STD

04/20/2009

Electronic Signature of Signing Officer or Director

Date