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

SIGNATURE:

D TYPED OR PRINT

NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # H38084 1. Entity Name 04-05-2004 90079 007 \*\*\*150.00 CORAL-TECH-ASSOCIATES, INC. Principal Place of Business Mailing Address 10211 W. SAMPLE RD.,STE.207 CORAL SPGS. FL 33065 10211 W. SAMPLE RD., STE. 207 CORAL SPGS. FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2494458 Not Applicable Zip Country Zip 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 the second second YANOVIAK, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 10211 W. SAMPLE RD., STE. 207 CORAL SPGS, FL 33065 City Zin 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition YANOVIAK, JOHN J. NAME NAME STREET ADDRESS 10211 W. SAMPLE ROAD SUITE 207 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME YANOVIAK, MARY ANN NAME 10211 W. SAMPLE ROAD SUITE 207 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of most 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 piner like empowered.

JOHN J. YANOVIAK, PRESIDENT 4/1/04

**FILED**