2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14976

FILED Jan 22, 2008 Secretary of State

Entity Name: CORAL SALES AND DISTRIBUTORS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
500 SUGA	ARD J. LOEB, C AR RIDGE CT. DOD, FL 32779			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
500 SUG/	ARD J. LOEB, A AR RIDGE CT. DOD, FL 32779			
FEI Number	r: 59 - 2677987	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
500 SÚGA	RNARD J. JR. AR RIDGE CT. OOD, FL 32779			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.			d office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the nic Signature of Registered Ag		od office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE: Electro			
in the Stat	e of Florida. RE: Electro	nic Signature of Registered Ag	ent	
in the Stat	e of Florida. RE: Electrol mpaign Financin S AND DIREC	nic Signature of Registered Ag og Trust Fund Contribution (). CTORS:) Delete RD J. JR., IDGE CT.	ent	Date
n the Stat SIGNATU Election Ca OFFICER Fitle: Name: Address:	e of Florida. RE: Electron Impaign Financin IS AND DIRECT PD (LOEB, BERNA 500 SUGAR RI LONGWOOD,	nic Signature of Registered Ag ig Trust Fund Contribution (). CTORS:) Delete RD J. JR., IDGE CT. FL) Delete R., IDGE CT.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: LYNDA R. LOEB VST 01/22/2008