## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01851

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAVERNIER, FL

RICHARDSON, JOHN H

116 PLANTATION BLVD

ISLAMORADA, FL 33036

() Delete

SD

FILED Feb 15, 2009 Secretary of State

Entity Na	me: CORALS	SHORES COMMERCIAL C	ENTER, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
90130 OLD HIGHWAY BOX 10 ISLAMORADA, FL 33070				90130 OLD HIGHWAY BOX 10 TAVERNIER, FL 33070				
Current Mailing Address:				New Mailing Address:				
P.O. BOX TAVERNIE	848 ER, FL 33070							
FEI Number	: 65-0103935	FEI Number Applied For()	FEI Nun	nber Not Appl	licable ( )	Certific	ate of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
135 N. AIR TAVERNIE The above	SEPH J JR RPORT RD ER, FL 33070 named entity of Florida.	US submits this statement for t	the purpose o	f changing i	ts registered	l office or	registered age	ent, or both,
SIGNATU								
	Electror	nic Signature of Registered	Agent				Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE	S TO OF	FICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	PD ( FRINS, JOSEP 135 N AIRPOR TAVERNIER, F	TRD		Title: Name: Address: City-St-Zip:	PD FRINS, JOSE 135 N AIRPO TAVERNIER,	EPH J JR ORT RD	( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( SEVERINGHAU P O BOX 318 KEENESBERG			Title: Name: Address: City-St-Zip:		()Change	( ) Addition	
Title: Name: Address:	TD ( PINDER, HENF 141 N AIRPOR			Title: Name: Address:	TD PINDER, HE 141 N AIRPO	VRY D	( ) Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAVERNIER, FL 33070

() Change () Addition

SIGNATURE: JOSEPH J FRINS JR PD 02/15/2009