

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65083

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: CORAL OAKS CORPORATION

**Current Principal Place of Business:**

10530 S.W. 57TH AVE.  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

10530 S.W. 57TH AVE.  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 65-0099525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAFF, ALAN B  
10530 SW 57 AVENUE  
PINECREST, FL 33156      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: RAFF, ALAN B  
Address: 11096 MONFERO ST  
City-St-Zip: CORAL GABLES, FL 33156

Title: P      ( ) Delete  
Name: OWENS, ROBERT  
Address: 5795 SW 99 TERRACE  
City-St-Zip: PINECREST, FL 33156

Title: T      ( ) Delete  
Name: TAYLOR, STEPHEN  
Address: PO BOX 680756  
City-St-Zip: PAKR CITY, UT 84068

Title: S      ( ) Delete  
Name: MALININ, DOROTHY  
Address: 360 ATLANTIC RD  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: CHEKANOW, FRED  
Address: 6297 SW 102 STREET  
City-St-Zip: PINECREST, FL 33156

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN B. RAFF

C

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date