FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 30 AM 10: 38

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008501

1. Entity Name
CORAL REEF AMERICA, L.L.C.

Principal Place of Business	Mailing Address
9849 SW 111 TERRACE MIAMI, FL 33176	9849 SW 111 TERRACE MIAMI, FL 33176

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7700 N. KENDALL DR.	7700 N. KENDALL DR.
Suite, Apt. #, etc. SUITE 809	Suite, Apt. #, etc. SUITE 809
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33156 Country U.S.	Zip 33156 Country U.S.

4. FEI Number 65-1027921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHORRO, MONIQUE
9849 SW 111 TERRACE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name WOODBRIDGE & SALAZAR, LLP
Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DR., SUITE 809
City MIAMI FL Zip Code 33156

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 GERMAN A. SALAZAR DATE 6/24/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

07-28-02 90171 017 $50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BONNAURE, MICHEL		NAME		
STREET ADDRESS	9849 SW 111TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHORRO, MONIQUE		NAME		
STREET ADDRESS	9849 SW 111TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGING-MEMBERS 6/13/03 (305)2703145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MONIQUE CHORRO
MICHEL BONNAURE