

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90139 031 ****50.00

DOCUMENT # L03000035077



1. Entity Name
CORAL WAY EAST, LLC

Principal Place of Business
**4131 LAGUNA ST.
CORAL GABLES, FL 33146**

Mailing Address
**4131 LAGUNA ST.
CORAL GABLES, FL 33146**



2. Principal Place of Business

3. Mailing Address

04272004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11 366 7893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, RENE
2 ALHAMBRA PLAZA, STE. 860
CORAL GABLES, FL 33134**

Name

Lechardo Caroballo

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th Ave #900

City

Aventura

FL

Zip Code

33180

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]
Signature, typed or printed name of registered agent and title if applicable.

Lechardo Caroballo
(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME **ROBERTO A. TRAPAGA CATALA**
STREET ADDRESS **4131 LAGUNA ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE MGR ☐ Delete
NAME **CABRER, AGUSTIN**
STREET ADDRESS **4131 LAGUNA ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE MGR ☐ Delete
NAME **RAMOS, MARIA**
STREET ADDRESS **4131 LAGUNA ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE MGR ☐ Delete
NAME **POSE, MANUEL V**
STREET ADDRESS **4131 LAGUNA ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANUEL V POSE

Date

4/29/04 (305)446-1166

Daytime Phone #

Member