

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90256 029 ***158.75

DOCUMENT # M49064 1. Entity Name CORAL GABLES OVERSEAS, INC.			
Principal Place of Business 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134		Mailing Address 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134	
2. Principal Place of Business 2000 PONCE DE LEON BLVD Suite, Apt. #, etc. SIXTH FLOOR		3. Mailing Address 2000 PONCE DE LEON BLVD Suite, Apt. #, etc. SIXTH FLOOR	
City & State CORAL GABLES, FLA		City & State CORAL GABLES, FLA	
Zip 33134		Zip 33134	
Country DADE		Country DADE	
4. FEI Number 59-2809547		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSMAN, MARK D 121 ALHAMBRA PLAZA SUITE 1000 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name GROSSMAN, MARK D. Street Address (R.O. Box Number is Not Acceptable) 2000 PONCE DE LEON BLVD. SIXTH FLOOR City CORAL GABLES FL Zip Code 33134	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/24/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST NAME CARRIO, JULIAN <input checked="" type="checkbox"/> Delete	STREET ADDRESS 121 ALHAMBRA PLAZA STE 1000 CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CARRIO, JULIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 121 ALHAMBRA PLAZA STE 1000 CITY-ST-ZIP CORAL GABLES, FL 33134	STREET ADDRESS 2000 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FLA 33134	STREET ADDRESS 2000 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FLA 33134	STREET ADDRESS 2000 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FLA 33134
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/22/05 Daytime Phone # (305) 228-0477	

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