

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90168 001 *1,428.75

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DOCUMENT # M49064 1. Entity Name CORAL GABLES OVERSEAS, INC.																											
Principal Place of Business 2000 PONCE DE LEON BLVD SIXTH FLOOR CORAL GABLES, FL 33134		Mailing Address 2000 PONCE DE LEON BLVD SIXTH FLOOR CORAL GABLES, FL 33134																									
2. Principal Place of Business - No P.O. Box # 9955 SW 87 CT		3. Mailing Address 9955 SW 87 CT																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State MIAMI, Florida		City & State MIAMI, Florida																									
Zip 33174		Zip 33174																									
Country U.S.A.		Country U.S.A.																									
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		04032008 Chg-P CRZE034 (12/06)																									
6. Name and Address of Current Registered Agent GROSSMAN, MARK D 2000 PONCE DE LEON BLVD SIXTH FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Dr. J. Al Esquivel Street Address (P.O. Box Number is Not Acceptable) 9955 S.W. 87th COURT City MIAMI FL Zip Code 33174																									
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 Dr. J. Al Esquivel DATE 04-03-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEKNES, HAYDEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 PONCE DE LEON BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	PST	<input type="checkbox"/> Delete	NAME	LEKNES, HAYDEE		STREET ADDRESS	2000 PONCE DE LEON BLVD		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">9955 SW 87 CT</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI, Florida</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33174</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	9955 SW 87 CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI, Florida		STREET ADDRESS	33174		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dr. J. Al Esquivel		Date 04-03-08 Daytime Phone # (305) 238-0477																									