2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # N00252 1. Entity Name CORAL SHOPPING CENTER, INC.				04-30-2008 90194 050 ****61.25				
Principal Place of Business 3045 N. FEDERAL HWY. FT. LAUDERDALE, FL 33306 Principal Place of Business Mailing Address P.O. BOX 24627 FT. LAUDERDALE, FL 33307			307	· ·			B(B : 9 B	
Principal Place of Business - No P.O. Box # 3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Ch	g-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-234813;		} i	pplied For	
Zip	Country	Zip	Country .	5. Certificate of Sta		□ \$8.75 Ac	ditional	
	6. Name and Address of Current R	legistered Agent		7. Name and Addr	ess of New F			
.,			Name					
VORDERMEIER, ALAN E 2132 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	de	
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								
0.0,0,0,0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	agistered Agent signature requi	ired when reinstating)		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE Make check payable rida Department of S		
10.	Filing Fee Is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable	State	
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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 rustee empowered to execute this report as required by Chapter 617, 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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-566-1661 Daytime Phone #