


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001654**  
 1. Entity Name  
**CORAL BREEZE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 2370 SW 123 AVENUE MIAMI, FL 33175-1174	Mailing Address 2370 SW 123 AVENUE MIAMI, FL 33175-1174
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**DO NOT WRITE IN THIS SPACE**



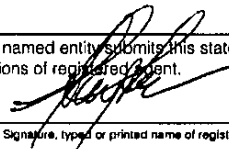
01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0516335</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALLEH, MOHAMAD S**  
 2370 SW 123 AVENUE  
 MIAMI, FL 33175-1174

**DO NOT WRITE IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLARES, LUIS
STREET ADDRESS	2170 S.W. 123 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	CUZA, RUBENS
STREET ADDRESS	2470 S.W. 123 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	ABRAHAM, EDWARD
STREET ADDRESS	2070 S.W. 123 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	MARTINEZ, GERALDO E
STREET ADDRESS	2150 S.W. 123 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	CASTRO, IVELLISSE
STREET ADDRESS	2110 S.W. 123 AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000600881  
 01/26/07-80028-013 61.25

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 of trust so 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_