**2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # N99000007263

1. Entity Name

NAME

MLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



## **FILED** Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90041 033 \*\*\*\*61.25

☐ Change

Addition

CORAL GABLES, INC.		SSOCIATION OF					
Principal Place	e of Business	Mailing Address	,				
6575 N. KEN MIAMI FL 33		6575 N. KENDALL DR. ATT. H. LANGSTON MIAMI FL 33156	٠.				IIIII EN EN IPRE
2655	s. Le Jeune Rd.	3. Mailing Address ATTV: 3	<del>ajaw ph</del> Jeune R	d.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1108		M	OORE CF	R2E037 (11/03)	
CORM GARNES, FL		CORM GARSHS, FL		4. FEI Number 5	9-1713635	<del> </del>	Applied For Not Applicable
ごうろ に	34 Country USA	<sup>Zip</sup> 33134	Country	5. Certificate of St	atus Desired [	□ \$8.75 A	
6. Name and Address of Current Registered Agent			Ĭ	7. Name and Address of New Registered Agent			
-LANGSTON, HENRY -6575 N. KENDALL DR. MIAMI FL 33156			Name E	Eileen A. Mi	AASTRICHT		·
			Street Add	Street Address (P.O. Box Number is Not Acceptable) 2055 S. Le Jeune ROAD, #1108			
			COF	CORAL GARDIUS			
			City			FL 깔	de 1ス <i>中</i>
			l				171
	named entity submits this statement for	r the purpose of changing its re	l gistered office or re	registered agent, or both, in	the State of Florida	. I am familiar with	n, and accept
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a	- Eilean A. N	LASTRICHT		the State of Florida	. I am familiar with	n, and accept
the obligati	ions of registered agent.  Clu A Haashucks Signature, typed or printen name of registered agent a	L GILGEN A. L and title if applicable. (NOTE: R	AASTRI CHT		3	1104 DATE	
the obligati	ions of registered agent. Clu A Haashucid	- Eilean A. N	AASTRICHT egistered Agent signature aign Financing	e required when reinstating) \$5.00 May Be	3 Make	11/04	• <b>to</b>
the obligati	Signature. typed or printen name of registered agent a FILE NOW: FEE IS \$61.25 Due By May 1, 2004  OFFICERS AND DIR	H GILGEN A. L and title if applicable. (NOTE: R 9. Election Camp. Trust Fund Cor	AASTRICHT egistered Agent signature aign Financing	e required when reinstating) \$5.00 May Be	3 Make Florida I	DATE Check Payable Department of	⊇to State
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SIGNATURE -  SIGNATURE -  10.  TITLE  NAME  STREET ADDRESS	Signature. typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25  Due By May 1; 2004  OFFICERS AND DIR  PD  TERRY, CHARLES 2631 PONCE DE LEON BLVD.	H GIGGO A. L and title if applicable. (NOTE: R 9. Election Camp. Trust Fund Cor	AASTRICHT legistered Agent signature aign Financing ntribution.  11. TITLE NAME STREET ADDRESS 2	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD  TILEEN A. MARS 2055 S. LE JCU	Make Florida L ES TO OFFICERS A Tricuture ROAO,	Check Payable Department of AND DIRECTORS  Change	o to State
TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. lyped or printed name of registered agent a  FILE NOW: FEE IS \$61.25  Due By May 1, 2004  OFFICERS AND DIR  PD  TERRY, CHARLES 2631 PONCE DE LEON BLVD.  CORAL GABLES FL 33134	9. Election Camp Trust Fund Cor	egistered Agent signature aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PD	Make Florida L ES TO OFFICERS A Tricuture ROAO,	Check Payable Department of AND DIRECTORS Change	State N 10 Addition
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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 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PURCHET BURGET 3/1/04 Daytime Phone #