

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 041 ****61.25

DOCUMENT # N99000007351					
1. Entity Name CORAL SPRINGS INTERNATIONAL PARTNERSHIPS, INC.					
Principal Place of Business 9551 W SAMPLE ROAD CORAL SPRINGS, FL 33065			Mailing Address 9551 W SAMPLE ROAD CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0997881	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOREN, SAMUEL S 3099 E COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33308-4311			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME FUENMAYOR, CARLOS STREET ADDRESS 9777 WESTVIEW DR APT 1117 CITY-ST-ZIP POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete		TITLE President NAME ROBERT CLOTHIER STREET ADDRESS 10406 NW 1ST CT CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HIGH, STEVE STREET ADDRESS 1028 CORAL CLUB DRIVE CITY-ST-ZIP POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete		TITLE V. President NAME JOSE F. CUETOS STREET ADDRESS 8820 Royal Palm Blvd #209 CITY-ST-ZIP Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CUETOS, JOSE STREET ADDRESS 3615 CORAL SPRINGS DR CITY-ST-ZIP POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete		TITLE Secretary NAME Linda Shamb STREET ADDRESS 4999 NW 96th CITY-ST-ZIP Coral Springs FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME LAM, TOMMY STREET ADDRESS 11183 NW 69TH PLACE CITY-ST-ZIP POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:			3/3/05 9543254318		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					