

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000053803

1. Entity Name
CORAL TRADING COMPANY



Principal Place of Business
**9010 S.W. 137 AVENUE
113
MIAMI, FL 33186**

Mailing Address
**9010 S.W. 137 AVENUE
113
MIAMI, FL 33186**



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1013694 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARCHIBOLD, JOEL
4881 CYPRESS WOOD DR.
NO. 3204
ORLANDO, FL 32811**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ARCHIBOLD, CARLOS**
STREET ADDRESS **4881 CYPRESS WOOD DR., #3204**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **VP**
NAME **ARCHIBOLD, JOEL**
STREET ADDRESS **4881 CYPRESS WOOD DR., #3204**
CITY-ST-ZIP **ORLANDO, FL 32811**

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U00000355602
05/04/05-80001-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: ARCHIBOLD JOEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28

Date

Daytime Phone #