


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 004 \*\*\*150.00

**DOCUMENT # P00000053803**

1. Entity Name  
**CORAL TRADING COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br><b>9010 S.W. 137 AVENUE<br/>113<br/>MIAMI, FL 33186</b> | Mailing Address<br><b>9010 S.W. 137 AVENUE<br/>113<br/>MIAMI, FL 33186</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-1013694</b>                        | Applied For<br>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

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ARCHBOLD, CARLOS<br>4881 CYPRESS WOOD DR., #3204<br>ORLANDO, FL 32811    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ARCHBOLD, JOEL<br>4881 CYPRESS WOOD DR., #3204<br>ORLANDO, FL 32811     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DEL S. DUFFIS, RUBY<br>4881 CYPRESS WOOD DR., #3204<br>ORLANDO, FL 32811 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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 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: Carlos Archbold 05/01/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #