


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000021265**  
 1. Entity Name  
**CORAL GUTTERS, INC.**



Principal Place of Business      Mailing Address  
**SANTOS IGNACIO SORTO**      **SANTOS IGNACIO SORTO**  
**4532 NW 60 ST**                      **4532 NW 60 ST**  
**COCONUT CREEK FL 33073**      **COCONUT CREEK FL 33073**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                              Zip      Country

4. FEI Number      Applied For  
**65-1082811**                              Not Applicable

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

6. Name and Address of Current Registered Agent  
**SORTO, SANTOS I**  
**4532 NW 60TH ST.**  
**COCONUT CREEK FL 33073**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SORTO, SANTOS</b>	
STREET ADDRESS	<b>4532 NW 60TH ST</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 03/11/05-80001-009 150.00

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #