

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

APR 09, 2008 08:00 A
Secretary of State

DOCUMENT # P01000021265

1. Entity Name
CORAL GUTTERS, INC.



CK. NO. 3499
 DATE 1/19/08

\$ 150.00

Principal Place of Business
SANTOS IGNACIO SORTO
4532 NW 60 ST
COCONUT CREEK, FL 33073

Mailing Address
SANTOS IGNACIO SORTO
4532 NW 60 ST
COCONUT CREEK, FL 33073



01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORTO, SANTOS I
4532 NW 60TH ST.
COCONUT CREEK, FL 33073

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORTO, SANTOS 4532 NW 60TH ST COCONUT CREEK, FL 33073
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 04/21/08-80008-025 150.00

DO NOT WRITE 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08 954-427-9051
Date Daytime Phone #