
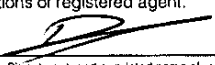
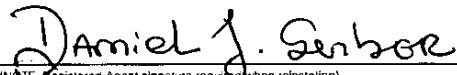
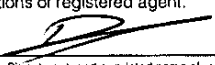
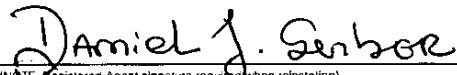
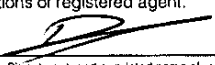
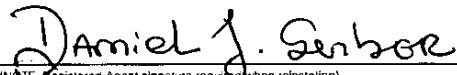
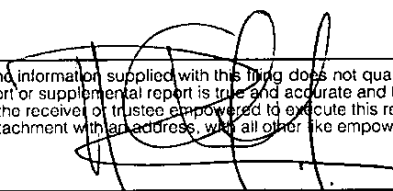


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90167 012 ***150.00

DOCUMENT # P01000057335													
1. Entity Name CORAL WEST INVESTMENT CORP.													
Principal Place of Business 2875 NE 191ST ST STE 300 AVENTURA, FL 33180			Mailing Address 2875 NE 191 ST STREET STE 300 AVENTURA, FL 33180										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 01-0600275									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent LOURNIET, JUAN P ESQ. 1221 BRICKELL AVENUE, 24TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name GERBER DANIEL J ESQ </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST #300 </td> </tr> <tr> <td style="padding: 2px;"> City Aventura </td> <td style="padding: 2px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Zip Code 33180 </td> </tr> </table>				Name GERBER DANIEL J ESQ		Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST #300		City Aventura	FL	Zip Code 33180	
Name GERBER DANIEL J ESQ													
Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST #300													
City Aventura	FL												
Zip Code 33180													
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. <table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; vertical-align: bottom; text-align: center;">  <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; vertical-align: bottom;"> 03/27/07 <small>DATE</small> </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	03/27/07 <small>DATE</small>					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	03/27/07 <small>DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE D	NAME WEINSTEIN, RICARDO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 2875 NE 191 ST STE 300			STREET ADDRESS CITY-ST-ZIP										
CITY-ST-ZIP MIAMI, FL 33180			CITY-ST-ZIP										
TITLE D	NAME DJMAL, RICARDO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 2875 NE 191 ST STE 300			STREET ADDRESS CITY-ST-ZIP										
CITY-ST-ZIP MIAMI, FL 33180			CITY-ST-ZIP										
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP										
CITY-ST-ZIP			CITY-ST-ZIP										
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: 			04/01/07 <small>Date</small>										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>										