2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000075017

Address:

City-St-Zip:

FILED Dec 04, 2007 Secretary of State

| Entity Nar | me: CORAL | REEF INSURANCE INC. | | | |
|-----------------------------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
| 15441 SW MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| PO BOX 7 MIAMI, FL | | | | | |
| FEI Number: | : 41-2067836 | FEI Number Applied For() | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addres | Name and Address of New Registered Agent: | |
| CEBALLO: 15441 SW MIAMI, FL | 137 AVE | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its regist | tered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ST (CEBALLOS, R 14852 SW 173 MIAMI, FL 33 | 3 ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P (CEBALLOS, R 14852 SW 173 MIAMI, FL 33 | 3 ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | (|) Delete | Title: VP Name: ABRIL, | () Change (X) Addition LISETTE D | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

20644 SW 133 AVE

MIAMI, FL 33177

SIGNATURE: RAFAEL CEBALLOS Ρ 12/04/2007