2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # P01000079320 1. Entity Name THE CORAL WAY DESIGN STUDIO, INC. Principal Place of Business Mailing Address 1920 CORAL WAY 1920 CORAL WAY 2ND FLOOR 2ND FLOOR MIAMI, FL 33145 MIAMI, FL 33145 04052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1130288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BARANDIARAN, EDUARDO DO NOT WRITE 1920 CORAL WAY MIAMI, FL 33145 IN THIS SPACE 8. The above named entity submits this sta ement for the popose 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, Spranse idenandialar SIGNATURE Signature, typed or printed name of registered agent end title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BARANDIARAN, EDUARDO A 1920 CORAL WAY 2ND FLOOR STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33145 U00000133770 04/27/04-80100-023 150.00 TITLE NAME STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP nne IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZE me NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 atta

SIGNATURE

TITLE NAME STREET ADDRESS CRTY-ST-ZIP

> Esasso ING OFFICER OR DIRECTOR

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