2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 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 04072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1130288 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 5. 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 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 a DURRAG teransiarau SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BARANDIARAN, EDUARDO A NAME STREET ADDRESS 1920 CORAL WAY 2ND FLOOR CITY-ST-ZIP MIAMI, FL 33145 H000000327115 TITLE 04/25/05-80024-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

12. Thereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ERVORDO Boson Dianou FICER OR DIRECTOR

305 251-9910