

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90037 013 ***150.00

DOCUMENT # P01000097475

1. Entity Name

CORAL LIGHT STONE PRODUCTS, INC.



Principal Place of Business

Mailing Address

CORAL-LIGHT STONE PRODUCTS
1020 S.W. 10TH AVENUE, SUITE 2
POMPAÑO BEACH, FL 33069

25 NW 69TH AVE.
MARGATE FL 33063

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

CORAL-LIGHT STONE PRODUCTS

1020 S.W. 10th Avenue, Bay 2
Pompano Beach, FL 33069

City & State

Zip

Country

4. FEI Number

65-1144785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCHESE, THERESA
1125 NW 69TH AVE.
MARGATE FL 33063

1360 S. OCEAN BLVD, #1902
Pompano Beach, FL 33062

Theresa MARCHESE
1360 S. OCEAN BLVD, #1902
Pompano Bch, FL 33062
FL

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

Theresa Marchese

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARCHESE, THERESA
STREET ADDRESS 1125 NW 69TH AVENUE
CITY-ST-ZIP MARGATE FL 33063

1360 S. OCEAN BLVD #1902
Pompano Beach, FL

TITLE
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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

Theresa Marchese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

Daytime Phone #

954-788-7707