

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000117625

1. Entity Name
OCEAN CORAL WAY, INC.



Principal Place of Business

**2150 CORAL WAY
MIAMI, FL 33145**

Mailing Address

**2150 CORAL WAY
MIAMI, FL 33145**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0034928

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURAI, RENE V
STREET ADDRESS	25 SE 2ND AVE STE 900
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	MORENO, M CRISTINA
STREET ADDRESS	2 ALHAMBRA PLAZA-PENTHOUSE 1-B
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	MURAI, RENE V
STREET ADDRESS	2 ALHAMBRA PLAZA-PENTHOUSE 1-B
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	AS
NAME	MORENO, M CRISTINA
STREET ADDRESS	2 ALHAMBRA PLAZA-PENTHOUSE 1-B
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	MURAI, RENE V
STREET ADDRESS	2 ALHAMBRA PLAZA-PENTHOUSE 1-B
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000611508
02/02/07-80065-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/07 305-858-5620