## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 08:00 AV **Secretary of State** DOCUMENT # P02000011418 RANCHO LOS COCOS OF CORAL WAY, INC. Principal Place of Business Mailing Address 7085 CORAL WAY 7085 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 04292004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4217818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. DO NOT WRITE 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 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, typed or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstaling) DATE U00000150091 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 05/03/04-80210-024 150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TALE GARCIA, MANUEL E NAME STREET ADDRESS 7085 CORAL WAY CITY-ST-ZIP MIAMI, FL 33155 TITLE GARCIA, OMARA NAME STREET ADDRESS 7085 CORAL WAY CITY-ST-ZIP MIAMI, FL 33155 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TOTE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2004 305-442-1010

**FILED**