

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 005 ***150.00

DOCUMENT # P02000085964

1. Entity Name
CORONADO & CATALAN, INC.



Principal Place of Business
**11272 SW 137 AVE
MIAMI, FL 33186**

Mailing Address
**11272 SW 137 AVE
MIAMI, FL 33186**

94076846



2. Principal Place of Business

3. Mailing Address

1225 N.W. 12th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

CAPE CORAL

4. FEI Number

16-1622155

Applied For

Not Applicable

Zip

Country

Zip

Country

33993

USA

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

**CORONADO, LEONEL
9421 SW 6 LANE
MIAMI, FL 33174**

Name

CORONADO, LEONEL

Street Address (P.O. Box Number is Not Acceptable)

1225 N.W. 12th PLACE

City

CAPE CORAL

FL

Zip Code

33993

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 title, if applicable.

(NOTE: Registered Agent's signature required when re-registering)

4-27-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	PD	<input type="checkbox"/> Delete
NAME	CORONADO, LEONEL	
STREET ADDRESS	9421 SW 6 LANE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CATALAN, DARLING	
STREET ADDRESS	9421 SW 6 LANE	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONADO, LEONEL	
STREET ADDRESS	1225 N.W. 12th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALAN, DARLING	
STREET ADDRESS	1221 N.W. 12th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONEL CORONADO 4-27-04 239-458-7897

Date

Daytime Phone #