2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P02000112923** CORAL CONSTRUCTION GROUP, CORP. Mailing Address Principal Place of Business 790 N.W. 72 STREET 790 N.W. 72 STREET MIAMI, FL 33150 MIAMI, FL 33150 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3718611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEJIA, JAIME DO NOT WRITE 790 N.W. 72 STREET MIAMI, FL 33150 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 title it applicable. DATE (NOTE: Registered Agent algoriture required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MEJIA, JAIME 790 N.W. 72 STREET U000000529044 STREET ADDRESS MIAMI, FL 33150 City-St-ZiP 05/05/06-80060-012 150.00 TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attac an address, with all other like empowered. 3051

SIGNATURE:

TITLE NAME STREET ADDRESS CRY-ST-ZIP

OR DIRECTOR

6912851

Daytime Phone #