2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name CORAL CONSTRUCTION GRO			
Principal Place of Business 7563 NW 70 ST MIAMI FL 33166	Mailing Address 7563 NW 70 ST MIAMI FL 33166		
2. Principal Place of Business	3. Mailing Address		
·			

FILED Apr 18, 2003 8:00 am § Secretary of State

04-18-2003 90207 009 ***150.00

							OF WE							
Principal Place of Business Mailing Address 7563 NW 70 ST 7563 NW 70 ST MIAMI FL 33166 MIAMI FL 33166				W 70 ST										
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, etc.										CHECK HERE IF	MAKING	CHANGES		
City & Stat	e			City	City & State				22.04.			plied For		
Zip Country Zip				The same of the sa	Country			5. Certificate of Status Desired Sequired			litional			
	6 Names	and Ad	dress of Curre	nt Registere	d Agent	<u> </u>			7 N:	ame and Address of New Reg			~ -	
	V. Hame	ind Au	diess of Carte	ill Negistere	u Agent		Name		7. Name and Address of New Registered Agent					
MEJIA, JA							Street Address (P.O. Box Number is Not Acceptable)							
7563 NW	70 ST													
MIAMI FL	33166							•						
							City				FL	Zip Cod	9	
the obligat	named entity tions of registe			for the purpo	ose of changing its	registere	d office or	registere	ed ager	nt, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or	printed n	ame of registered age	ent and title if appli	cable. (NOTE	Registered	Agent signatur	re required v	when rein	stating)	DATE	-		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Election Campaign Finan Trust Fund Contribution.	cing		May Be to Fees	
10.	· · ·		OFFICERS AN		38	11.			ADD	TIONS/CHANGES TO OFFICE	RS AND	DIRECTORS		
TITLE .	P .		OT HOLITO AIR	D DINEOTO:	Delete	TITLE			7,00	THOROGOTA TO GITTOL		☐ Change	☐ Addition	
NAME : :	MEJIA, JAIN 7563 NW 70 MIAMI FL 33) ST			i Delete	NAME	T ADDRESS					C. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-					☐ Delete		T ADDRESS	. 4				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				Delete	TITLE NAME	T ADDRESS	Ф	Ornera P		<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 trusted 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 addless, with all other like empowered.

SIGNATURE:

04-16-03