

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 047 \*\*\*150.00

<b>DOCUMENT # P03000012705</b> 1. Entity Name <b>CORAL EAST DEVELOPMENT, CORP.</b>					
Principal Place of Business <b>10 NW 42ND AVE. SUITE 700 MIAMI, FL 33126</b>			Mailing Address <b>10 NW 42ND AVE. SUITE 700 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>3530 SW 22ND ST.</b> Suite, Apt. #, etc. <b>SUITE 916</b>		3. Mailing Address <b>3530 SW 22ND ST.</b> Suite, Apt. #, etc. <b>SUITE 916</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>47-0908972</b>	
Zip <b>33145</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOURIZ, REINALDO J 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>MOURIZ, REINALDO J</b> Street Address (P.O. Box Number is Not Acceptable) <b>3530 SW 22ND ST. SUITE 916</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33145</b>	
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 _____ DATE <b>04-09-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOURIZ, REINALDO J</b> <b>10 NW 42ND AVE., SUITE 700</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOURIZ, REINALDO J</b> <b>3530 SW 22ND ST. SUITE 916</b> <b>MIAMI, FL 33145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04-09-08</b> (305) 567-1577 <small>Daytime Phone #</small>		