2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000055230

1. Entity Name
CORRAL ESTATE, INC.

Principal Place of Business	Mailing Address
4363 NW 202 ST MIAMI, FL 33055	4363 NW 202 ST MIAMI, FL 33055

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-2112859	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, EDNA L
4363 NW 202 ST
MIAMI, FL 33055

DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LYNCH, EDNA L
STREET ADDRESS	4363 NW 202 ST
CITY-ST-ZIP	MIAMI, FL 33055

U00000530343
05/05/06-80110-022 150.00

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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: _Edna Lynch_   4/16/06   # 786 356 9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #