



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000055230 1. Entity Name CORRAL ESTATE, INC.	
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FILED
07 MAY -9 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4363 NW 202 ST MIAMI, FL 33055	Mailing Address 4363 NW 202 ST MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE

	
#4172006	No Chg-P CR2E034 (11/05)
4. FEI Number 54-2112859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP LYNCH, EDNA L 4363 NW 202 ST MIAMI, FL 33055
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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 4/26/07 #786 356 9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR