


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089515
 1. Entity Name
 THE CORAL NURSERY, INC.




Principal Place of Business Mailing Address
 18051 S.W. 25TH STREET 18051 S.W. 25TH STREET
 MIRAMAR FL 33029 MIRAMAR FL 33029
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 56-2389477 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESTENOZ, RAFAEL R
 18051 S.W. 25TH STREET
 MIRAMAR FL 33029

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ESTENOZ, RAFAEL R | |
| STREET ADDRESS | 18051 S.W. 25TH STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ESTENOZ, MICHELE L | |
| STREET ADDRESS | 18051 S.W. 25TH STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| TITLE | SEC. | <input type="checkbox"/> Delete |
| NAME | ESTENOZ, MICHELE L | |
| STREET ADDRESS | 18051 S.W. 25TH STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| TITLE | TRES | <input type="checkbox"/> Delete |
| NAME | ESTENOZ, RAFAEL R | |
| STREET ADDRESS | 18051 S.W. 25TH STREET | |
| CITY-ST-ZIP | MIRAMAR FL 33029 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 000000306754 | |
| CITY-ST-ZIP | 04/15/05-80029-008 150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing 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 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: Rafael Estenoz Date: 4/12/05 Daytime Phone #: 954-432-0055