

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90411 007 \*\*\*150.00

**DOCUMENT # P03000089515**

1. Entity Name

THE CORAL NURSERY, INC.



Principal Place of Business

18051 S.W. 25TH STREET  
 MIRAMAR FL 33029  
 US

Mailing Address

18051 S.W. 25TH STREET  
 MIRAMAR FL 33029  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

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

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**  
**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  Delete

NAME: ESTENOZ, RAFAEL R  
 STREET ADDRESS: 18051 S.W. 25TH STREET  
 CITY-ST-ZIP: MIRAMAR FL 33029

TITLE  Delete

NAME: ESTENOZ, MICHELE L  
 STREET ADDRESS: 18051 S.W. 25TH STREET  
 CITY-ST-ZIP: MIRAMAR FL 33029

TITLE  Delete

NAME: ESTENOZ, MICHELE L  
 STREET ADDRESS: 18051 S.W. 25TH STREET  
 CITY-ST-ZIP: MIRAMAR FL 33029

TITLE  Delete

NAME: ESTENOZ, RAFAEL R  
 STREET ADDRESS: 18051 S.W. 25TH STREET  
 CITY-ST-ZIP: MIRAMAR FL 33029

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michele Esteno*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 954-432-0055  
 Date Daytime Phone #