FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90058 012 ***150.00

REPORT

DOCUMENT # P03000095221

1. Entity Name
CORAL GOLD ASSOCAITES, INC.

Principal Place of Business	Mailing Address
1152 N. UNIVERSITY DRIVE 303 PEMBROKE PINES, FL 33024 US	1152 N. UNIVERSITY DRIVE 303 PEMBROKE PINES, FL 33024 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03052004 Chg-P CR2E034 (10/03)

4. FEI Number: 90-0107139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, SCOTT S ESQ. 1152 N. UNIVERSITY DRIVE 305 PEMBROKE PINES, FL 33024	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, 2004 Fee will be $500.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GEORGE, JOSEPH 412 TAMARIND DRIVE HALLANDALE, US 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GEORGE, JOSEPH 412 TAMARIND DRIVE HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUGUSTINE NADAL 8885 NW 57 PL CT. CORALSPRINGS FLORIDA 33067 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEORGE, JOSEPH 412 TAMARIND DRIVE HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/8/04
(Name and Title of Person Signing) (Date) (Daytime Phone #)