

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000116939

1. Entity Name
CORAL PINES INVESTMENTS, INC.



Principal Place of Business
**11471 WEST SAMPLE ROAD
34
CORAL SPRINGS, FL 33065 US**

Mailing Address
**11471 WEST SAMPLE ROAD
34
CORAL SPRINGS, FL 33065 US**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0953757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NADAYIL, AUGUSTINE
11471 WEST SAMPLE ROAD
34
CORAL SPINGS, FL 33065**

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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 _____

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, 2005 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
**P
NADAYIL, AUGUSTINE
11471 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
GEORGE, JOSEPH
11471 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S, T
POOVAN, MATHEW
11471 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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03/24/05-80024-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Matthew Poovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2005

Date

Daytime Phone #