2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 8:00 am Secretary of State

DOCUMENT # P03000117200 1. Entity Name CORAL ADULT CARE, INC.						05-05-2005 90084 033 ***150.00					
Principal Place	e of Business		Mailing Address				<u>400825.</u>	10			
6395 SW 315 MIAMI, FL 33			6395 SW 31ST STREET MIAMI, FL 33155	Ţ			12186 11111 53 111 23117 33	iisi kasi iisii 18818 Kisii	PB 11 BB		
2. Principal Pl	lace of Business	3 Ave	3. Mailing Address	L3 Ave							
Suite, Apt.			Suite, Apt. #, etc.	627		04292005	Chg-P	CR2E034 (1	0/03)		
City & State	us Hos	rida	City& State	Cosida		4. FE‡ Numbe 90-0114				plied For t Applicable	
253155	Cour	itry S <i>A</i> (Zip 733/53	Country		5. Certificate	of Status Desired		5 Addiequired		
<u> </u>			t Registered Agent			7. Name and	Address of New F	Registered Agent			
DAMBEZ	MOUEL			Name							
RAMIREZ, MIGUEL 6395 SW 31ST STREET				Street A	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33155					3124 Sul 63 Ave.						
	j. Jeg			City /	dec.	I. Fred	as do	FL Z	ip Cod	<u></u>	
	named entity submitions of registered ag		for the purpose of changing its	registered office or	registered	d agent, or both	n, in the State of F	lorida. I am familia	ar with	and accept	
SIGNATURE	Wari	Jon.	1								
, GIGINATORIZ	Signature, Tiped or printed	name of registered age	nt and title if applicable. (NOTI	E: Registered Agent signati	ure required wh	nen reinstating)		DATE			
F- :		1-									
FIL After Ma	E NOW!!! FEE ay 1, 2005 Fee	्र IS \$150.00 will be \$550	9. Election Campa Trust Fund Cont		\$5.0 Added	0 May Be I to Fees					
After Ma	ay 1, 2005 Fee	will be \$550	D.00 Trust Fund Cont		\$5.0 Added	I to Fees	CHANGES TO OF	FICERS AND DIRE	CTOR	S IN 11	
After Ma	ay 1, 2005 Fee	OFFICERS AN	7.00 Trust Fund Cont	11.	Added	ADDITIONS/			CTORS	S (N 11	
After Ma	ay 1, 2005 Fee	OFFICERS AN	D.00 Trust Fund Cont	11.	Added	ADDITIONS/					
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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 approximate.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OP DIRECTOR

9/65 3.5-665-5879