

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90066 025 ***150.00

DOCUMENT # P03000150415

1. Entity Name
M CORONADO CONSTRUCTION, INC



Principal Place of Business
**2727 WOODSTREAM CIRCLE
KISSIMMEE, FL 34743**

Mailing Address
**2727 WOODSTREAM CIRCLE
KISSIMMEE, FL 34743**



2. Principal Place of Business

8005 Bala Sands Blvd

3. Mailing Address

8005 Bala Sands Blvd

Suite, Apt. #, etc.

Apt A

Suite, Apt. #, etc.

Apt A

City & State

Orlando FL

City & State

Orlando FL

Zip

32818

Country

Orange

Zip

32818

Country

Orange

03182004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-04773 25

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORONADO, MARGARITO
2727 WOODSTREAM CIRCLE
KISSIMMEE, FL 34743**

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, 2004 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
CORONADO, MARGARITO
2727 WOODSTREAM CIRCLE
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORONADO, MARGARITO
2727 WOODSTREAM CIRCLE
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Margarito Coronado**

3-18-2004 407-493-8997