
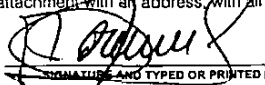


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90208 023 ***150.00

DOCUMENT # P04000070994 1. Entity Name CORONEL & ASSOCIATES, CORP.			
Principal Place of Business 9462 DEARMONT AVE ORLANDO, FL 32825		Mailing Address 9462 DEARMONT AVE ORLANDO, FL 32825	
2. Principal Place of Business 2721 FORESTH ROAD, Suite, Apt. #, etc. UNIT 260		3. Mailing Address 9018 NOTCHWOOD CT Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State ORLANDO FL	
Zip 32792		Zip 32825	
Country		Country	
4. FEI Number 20-1103920		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORONEL, HUGO G 9462 DEARMONT AVE ORLANDO, FL 32825		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CORONEL, HUGO G 9462 DEARMONT AVE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORONEL, HUGO G 9018 NOTCHWOOD CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, DENISE 9462 DEARMONT AVE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES DENISE 9018 NOTCHWOOD CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		HUGO G CORONEL	
Date		04/24/06	
Daytime Phone #		407 616-8542	