

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90486 004 ***150.00

DOCUMENT # P04000157481 1. Entity Name CORAL STONE USA, INC.					
Principal Place of Business 4801 S. UNIVERSITY DRIVE SUITE NO. 263 DAVIE, FL 33328			Mailing Address 4801 S. UNIVERSITY DRIVE SUITE NO. 263 DAVIE, FL 33328		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			04292005 Chg-P CR2E034 (10/03)		
			4. FEI Number 20-2373226		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ADAMS, ANGEL 8960 SW 133 PLACE UNIT E MIAMI, FL 33186			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, 2005 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	PS ADAMS, ANGEL 8960 SW 133 PLACE UNIT E MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ADAMS, CARMEN 8960 SW 133 PLACE UNIT E MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T LARRAURI, JORGE 13371 SW 90 TERRACE UNIT H MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 04/29/05 Daytime Phone #		