


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 031 \*\*\*150.00

<b>DOCUMENT # P05000068647</b>	
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1. Entity Name  
3180 TEAM CORAL INC.

Principal Place of Business P.O. BOX 266354 WESTON, FL 33326	Mailing Address P.O. BOX 266354 WESTON, FL 33326
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08292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>20-2905443</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAMUELS, HARRY M 3143 ARBOR LANE HOLLYWOOD, FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) <b>2901 STIRLING ROAD - SUITE 307</b> City <b>FT LAUDERDALE</b> FL Zip Code <b>33312</b>	

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 *Harry M Samuels* DATE **8/29/06**  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIMBACK, JEFFREY P.O. BOX 266354 WESTON, FL 33326 <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
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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: *[Signature]* **AS Sept 06 954-6593196**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Clerk Daytime Phone #