

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90011 027 \*\*\*150.00

**DOCUMENT # P05000109597**

1. Entity Name  
**H & H CORAL INC**



Principal Place of Business  
**15202 SW 40 TERRACE  
MIAMI, FL 33185**

Mailing Address  
**15202 SW 40 TERRACE  
MIAMI, FL 33185**

40034340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3263561**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, GUSTAVO  
15202 SW 40 TERRACE  
MIAMI, FL 33185**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GUSTAVO	
STREET ADDRESS	15202 SW 40 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HONDAL, MARLENE	
STREET ADDRESS	15202 SW 40 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	HONDAL, MARLENE	
STREET ADDRESS	15202 SW 40 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GUSTAVO	
STREET ADDRESS	15202 SW 40 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #