## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000143676

City-St-Zip:

LONGWOOD, FL 32779

FILED Jul 09, 2008 Secretary of State

Entity Name: ALTOS DE CORALES IV, INC. **Current Principal Place of Business: New Principal Place of Business:** 206 MAGNOLIA LAKE DRIVE LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 206 MAGNOLIA LAKE DRIVE LONGWOOD, FL 32779 FEI Number: 20-3720910 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE LAW OFFICES OF H.A. RODRIGUEZ, P.A. CASTRILLON, ALCIBIADES 1132 SE 3RD AVENUE 206 MAGNOLÍA LAKE DRIVE FORT LAUDERDALE, FL 33316 LONGWOOD, FL 32779 US 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. SIGNATURE: ALCIBIADES CASTRILLON 07/09/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSD () Delete () Change () Addition Name: KOSTINS, MARK Name: 206 MAGNOLIA LAKE DRIVE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CASTRILLON, ALCIBIADES Name: 206 MAGNOLIA LAKE DRIVE Address: Address: LONGWOOD, FL 32779 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MERAL, EDISON Name: Name: 206 MAGNOLIA LAKE DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALCIBIADES CASTRILLON PD 07/09/2008