


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 006 ***150.00

DOCUMENT # P06000047228

1. Entity Name
CORAL KEY FLORIDA INC.



Principal Place of Business
**3191 CORAL WAY
 SUITE 623/624
 MIAMI FL 33145**

Mailing Address
**3191 CORAL WAY
 SUITE 623/624
 MIAMI FL 33145**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **20-4624222** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**GUIMARAES, GABRIELA
 3191 CORAL WAY
 SUITE 623/624
 MIAMI FL 33145**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACHADO, GILSON 3191 CORAL WAY, SUITE 623/624 MIAMI FL 33145 <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 Section 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: *Gilson Machado* 01/27/07 (305) 5671163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #