2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
3 Apr 17, 2008 8:00 am
Secretary of State

DØCUMENT # P06000056589 1. Eritity Name CORAL LANDINGS RESTAURANT, INC								tary 01 08 90029 001		
Principal Place of Business			Mailing Address	Mailing Address						
4611 JOHNSON ROAD			4611 JOHNSON ROAD			T	, 00000	1012		
SUITE 2 COCONUT CREEK, FL' 33073			SUITE 2 COCONUT CREEK, FL 33073			/ V	• • • • • • • • • • • • • • • • • • • •			
COCONDI CREEK FE 33073			COCOMOT CREEK, TE 33073				1 (110) ser sen co ur s t	TII Frit i Airs enti enelum		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apl. #, etc.			02062008	Chg-P	CR2E034 (12/0		
City & State			City & State			4. FEI Numb	er ED FOR	<u> </u>	Applied For Not Applicable	
Zip	Country Zip		Žip .	Country		 	e of Status Desired	\$8.75	Additional	
				<u> </u>		<u>i </u>		Fee Req		
	6. Name	and Address of Curren	it Registered Agent		Name	7. Name and	d Address of New F	Registered Agent		
BEIRA, NU						-				
4611 JOH	NSON RC)AD "		-		Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2 COCONUT	CREEK	EL EL								
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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, typed or printed name of registrated agent and rate if applicable (NOTE: Registered Agent signature required when renatating) DATE										
FILE NOWII: FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
TITLE	P		☐ Delete	DTL	_	☐ Change ☐ Addition				
NAME STREET ADORESS	BEIRA, NUNO s 4611 JOHNSON ROAD SUITE 2				RE EET ADORESS					
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CITY-S1-ZIP				СПУ	-S1-ZIP					
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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.										
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR DATE DATE										