FOR PROFIT CORPORATION ANNUAL REPORT

FILED
11 MAY 11 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000063253

1. Entity Name

CORAL THERAPY CENTER INC.

200207514402
05/11/11--01010--013 **550.00

CR2E034B (11/08)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4894 NW 7 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33126 Country: USA	Zip Country

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TOMAS BRITO

Street Address (P.O. Box Number is Not Acceptable)

4894 NW 7 ST.

City: Miami FL Zip Code: 33126

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 _____ 05-10-11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOMAS BRITO 4894 NW 7 ST Miami FL 33126
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #