

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90021 019 ***150.00

DOCUMENT # P93000020456

1. Entity Name

CORAL POINT ENTERPRISES, INC.



Principal Place of Business

9 EAST LOOCKERMAN STREET, SUITE 1B
DOVER DE 19901

Mailing Address

9 EAST LOOCKERMAN STREET, SUITE 1B
DOVER DE 19901

2. Principal Place of Business

1266 E. Main Street

Suite, Apt. #, etc.

Suite 620

City & State

Stamford, Ct

Zip

06902

Country

USA

3. Mailing Address

1266 E. Main Street

Suite, Apt. #, etc.

Suite 620

City & State

Stamford, Ct

Zip

06902

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0401154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 AS ☒ Delete
NAME FABRE, FRANK R
STREET ADDRESS 717 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PSD ☒ Delete
NAME HENRIQUEZ, RAUL
STREET ADDRESS 777 BRICKELL AVENUE #1390
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director & President ☐ Change ☒ Addition
NAME Preston Golden
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

TITLE Vice President ☐ Change ☒ Addition
NAME William T. Collins
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

TITLE Secretary ☐ Change ☒ Addition
NAME Dali Islam
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Susan M. Clark
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

TITLE Treasurer ☐ Change ☒ Addition
NAME Scott C. Dunn
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

TITLE Assistant Treasurer ☐ Change ☒ Addition
NAME William G. Astiglione
STREET ADDRESS 1266 East Main Street, Suite 620
CITY-ST-ZIP Stamford, Ct 06902

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan M. Clark (Susan M. Clark)

3-10-04

Date

203-359-0722

Daytime Phone #