

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000019100

1. Entity Name
CORO COMP INC.



Principal Place of Business
**7360 CORAL WAY
SUITE 21
MIAMI, FL 33155**

Mailing Address
**7360 CORAL WAY
SUITE 21
MIAMI, FL 33155**



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0475421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORONADO, RAMONA
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 re-filing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	CORONADO, RAMONA
STREET ADDRESS	7360 CORAL WAY, STE. 21
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	DP
NAME	CORONADO, MICHAEL N
STREET ADDRESS	7360 CORAL WAY STE 21
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000234622
02/18/05-80027-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

Daytime Phone #