## **2007 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Mar 21, 2007 08:00 AM **DOCUMENT # P94000058102 Secretary of State** CORAL BAY BUILDERS, INC. Principal Place of Business Mailing Address 5469 NW 106 DRIVE 5469 NW 106 DRIVE CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 03182007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0509527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURZESI, MICHAEL V JR DO NOT WRITE 5469 NW 106 DRIVE CORAL SPRINGS, FL 33076 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U000000674066 П Trust Fund Contribution. Added to Fees 03/29/07-80054-009 150.00 10. OFFICERS AND DIRECTORS TITLE **PVST** BURZESI, MICHAEL V., JR. NAME STREET ADDRESS 5469 NW 106 DR CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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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STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS City-St-7IP

> SIGNATURE AND TYPED OR BIGNING OFFICER OR DIRECTOR

Daytime Phone 4