

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90235 010 \*\*\*150.00

**DOCUMENT # P94000070245**

1. Entity Name  
**CORAL WAY REY'S PIZZA, INC.**



Principal Place of Business  
**2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145**

Mailing Address  
**2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145**

**50020641**



2. Principal Place of Business

3. Mailing Address

**2482 S.W. 137 AVENUE**  
Suite, Apt. #, etc.

**C/O 301 W. HALLANDALE BEACH BLVD**  
Suite, Apt. #, etc.

02212005 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**

City & State  
**HALLANDALE BEACH, FL**

4. FEI Number  
**65-0521136**

Applied For  
Not Applicable

Zip  
**33175**

Country  
**U.S.A.**

Zip  
**33009**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145**

Name  
**ROSENCRWAIG & FERRERO - CARR**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 W. HALLANDALE BEACH BLVD**

City  
**HALLANDALE BEACH** FL Zip Code  
**33009**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/21/05*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RODRIGUEZ, RAMON SR  
3634 N.W. 13TH ST.  
MIAMI, FL 33125** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RODRIGUEZ, RAMON SR.  
C/O 301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RODRIGUEZ, MARGARITA  
3634 N.W. 13TH ST.  
MIAMI, FL 33125** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RODRIGUEZ, MARGARITA  
C/O 301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
RODRIGUEZ, RAMON SR.  
C/O 301 W. HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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]* **RAMON A. Rodriguez**

**305-2071711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #