

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000080426

1. Entity Name
CORAL WAY PARTNERS, INC.



Principal Place of Business
**8220 SW 52 AVENUE
MIAMI, FL 33143 US**

Mailing Address
**1240 NW 52 WAY
DEERFIELD BEACH, FL 33442 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0534829** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAIGE, ROBERT E ESQ
2151 LE JEUNE RD SUITE 309-A
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLSKY, ARTHUR S
STREET ADDRESS	8220 SW 52 AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	COLSKY, ANDREW E
STREET ADDRESS	8220 SW 52 AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	COLSKY, OZER L
STREET ADDRESS	8220 SW 52 AVENUE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	RENA COLSKY
STREET ADDRESS	9120 SW 85 TERRACE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	BARBARA COLSKY
STREET ADDRESS	9120 SW 85 TERRACE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	JONATHAN COLSKY
STREET ADDRESS	9120 SW 85 TERRACE
CITY-ST-ZIP	MIAMI, FL 33173

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01/16/04-80039-001 150.00

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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)(f), 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: *Barbara Colsky* **BARBARA COLSKY** 1/9/04 954-675-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #