

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

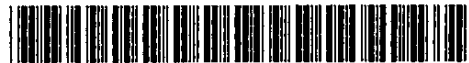
**DOCUMENT # P94000080426**

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**



01142008 No Chg-P CR2E034 (11/05)

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COLSKY, ARTHUR S  
8220 SW 52 AVENUE  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COLSKY, ANDREW E  
8220 SW 52 AVENUE  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COLSKY, LIANE  
8220 SW 52 AVENUE  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RENA COLSKY  
9120 SW 85 TERRACE  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARBARA COLSKY  
9120 SW 85 TERRACE  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JONATHAN COLSKY  
9120 SW 85 TERRACE  
MIAMI, FL 33173**

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.

**SIGNATURE:**

*Barbara Colsky / Barbara Colsky*

Date

Daytime Phone #

*1-14-08 954-675-2404*