

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P94000081139

1. Entity Name
CORAL PETROLEUM, INC.



Principal Place of Business Mailing Address

1301 SW 2ND ST 1301 SW 2ND ST
 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0535183 Not Applicable

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

6. Name and Address of Current Registered Agent

HRENICK, ANDREW
 1301 SW 2ND ST
 POMPANO BEACH, FL 33069

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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 _____ (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

04-24-08-80003-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HRENICK, ANDREW
STREET ADDRESS	1301 SW 2ND ST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VAS
NAME	HRENICK, MARYANN
STREET ADDRESS	1301 SW 2ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: Andrew Hrenick **ANDREW HRENICK** 4-10-08 954-4011764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #