


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000089497**  
 1. Entity Name  
**CORALVITA, INC.**



Principal Place of Business: **3051 SW 3RD AVE MIAMI FL 33129 US**  
 Mailing Address: **90 SW 8 ST 3RD FL MIAMI FL 33130 US**

2. Principal Place of Business: \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_

Suite, Apt. #, etc.: \_\_\_\_\_  
 Suite, Apt. #, etc.: \_\_\_\_\_

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E034 (11/03)

4. FEI Number **65-0701613** Applied For:  Not Applicable:

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

**6. Name and Address of Current Registered Agent**  
**BRUGOS, JAIME**  
**90 SW 8TH STREET**  
**THIRD FLOOR**  
**MIAMI FL 33180**

**7. Name and Address of New Registered Agent**  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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**  
**Make Check Payable to Florida Department of State**

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: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRUGOS, JAIME		NAME: _____	
STREET ADDRESS: 90 SW 8TH STREET, #3RD FLLOR		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33130		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TERREROS, MARIA A		NAME: _____	
STREET ADDRESS: 90 SW 8TH STREET, #3RD FLLOR		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33130		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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 02/03/04-80043-006 150.00

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]* **Secretary** *[Signature]* **1/26/04** **305-3580199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #