2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000016254

1. Entity Name
CORAL BAAM, CORP.

FILED
04 NOV -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15031 SW 136TH PL MIAMI, FL 33186	15031 SW 136TH PL MIAMI, FL 33186

10262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5205 WILLOW RD Suite, Apt. #, etc.
City & State	City & State: ZIONSVILLE IN
Zip / Country	Zip: 46077 / Country: USA

4. FEI Number: 65-0557496 ☐ Applied For ☐ Not Applicable

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
COY, JUAN C 15031 SW 136 PL MIAMI, FL 33186	Name: LYNN T. COY Street Address (P.O. Box Number is Not Acceptable): 15031 SW 136 Place City: Miami FL Zip Code: 33186

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: JCoy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	PSTD COY, JUAN C 15036 SW 136TH PL MIAMI, FL 33186	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Lynn T. Coy 5205 Willow Rd Zionsville IN 46077	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: JCoy October 25 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #