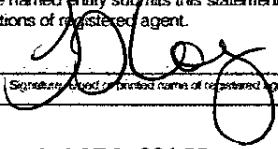


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000016254 1. Entity Name CORAL BAAM, CORP.					
Principal Place of Business 15031 SW 136TH PL MIAMI, FL 33186				Mailing Address 15031 SW 136TH PL MIAMI, FL 33186	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5205 WILLOW RD Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State Zionsville IN		4. FEI Number 65-0557496	
Zip Country		Zip 46077		Country USA	
6. Name and Address of Current Registered Agent COY, JUAN C 15031 SW 136 PL MIAMI, FL 33186				7. Name and Address of New Registered Agent Name: LYNN T. COY Street Address (P.O. Box Number is Not Acceptable): 15031 SW 136 Place City: Miami State: 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:  (NOTE: Registered Agent signature required when reappointing) 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 15031 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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ 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: 			Date: October 25 2004		

FILED

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



10262004 Chg-P CR2E034 (10/03)

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