


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90491 003 \*\*\*150.00

<b>DOCUMENT # P96000048816</b> 1. Entity Name <b>CORAL GABLES MOBIL, INC.</b>	
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Principal Place of Business <b>390 BIRD ROAD CORAL GABLES, FL 33146</b>	Mailing Address <b>390 BIRD ROAD CORAL GABLES, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**RUIZ, RAFAEL E  
390 BIRD ROAD  
CORAL GABLES, FL 33146**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	<b>D RUIZ, RAFAEL E 3281 SW 18TH TERRACE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUIZ, BERTHA G 3281 SW 18TH TERRACE MIAMI, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **RAFAEL E.  
RUIZ** **3-19-04** **445-3735**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #