


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 020 ***150.00

DOCUMENT # <u>P96000055640</u>	
1. Entity Name <u>Coronella, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>820 Sorolla Avenue</u> Suite, Apt. #, etc.	3. Mailing Address <u>820 Sorolla Avenue</u> Suite, Apt. #, etc.
--	--

City & State <u>Coral Gables, Florida</u>	City & State <u>Coral Gables, Florida</u>
Zip <u>33134</u>	Zip <u>33134</u>
Country <u>USA</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE
20041631

4. FEI Number <u>65-0693563</u>	Applied For <input type="checkbox"/>
Not Applicable	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>William G. Sawyer Jr.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>820 Sorolla Avenue</u>	
City <u>Coral Gables</u>	FL Zip Code <u>33134</u>

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 <u>January 1 - May 1 Fee is \$150.00</u> <u>After May 1, Fee is \$550.00</u> <u>Amended UBR is \$61.25</u> <u>Make Check Payable to Florida Department of State</u>	(NOTE: Registered Agent signature required when reinstating)	DATE
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>William G. Sawyer Jr.</u> <u>820 Sorolla Avenue</u> <u>Coral Gables, FL 33134</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sheila B. Sawyer</u> <u>820 Sorolla Avenue</u> <u>Coral Gables, FL 33134</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William G. Sawyer Jr. William G. Sawyer Jr, President, 4/20/2005, (305) 529-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)