


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 022 ***150.00

DOCUMENT # P96000070209

1. Entity Name
 CORAL WEST PLAZA III, INC.



Principal Place of Business
 2460 S.W. 137TH AVENUE
 SUITE 238
 MIAMI, FL 33175

Mailing Address
 2460 S.W. 137TH AVENUE
 SUITE 238
 MIAMI, FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

40079205



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-0688408

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

A & A REGISTERED AGENT, INC.
 4551 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: *Carmen L. Ochoa*
 Street Address (P.O. Box Number is Not Acceptable): *2460 SW 137 Ave*
Suite 238
 City: *Miami* FL Zip Code: *33175*

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]*
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, 2006 Fee will be \$550.00

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	DPTS OCHOA, CARMEN L. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* - *Tammen L. Ochoa* - 305-221-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/28-06 Daytime Phone #