


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90257 016 ***150.00

DOCUMENT # P96000070218

1. Entity Name
 CORAL WEST PLAZA II, INC.



44044000

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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

04062004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0688404

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

6. Name and Address of Current Registered Agent
 A & P REGISTERED AGENT INC.
 2450 S.W. 137TH AVENUE
 SUITE 221
 MIAMI, FL 33175

7. Name and Address of New Registered Agent
 Name: A & A Registered Agent, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Avenue
 Suite 251
 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: *Bretel Rodriguez* Bretel Rodriguez, President 4/6/04
(NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 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 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: *[Signature]* 4/7/04 (305)221-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #