


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90188 021 ***150.00

DOCUMENT # P96000070218

1. Entity Name
CORAL WEST PLAZA II, 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.

City & State

Zip Country

40079206



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0688404

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A&A REGISTERED AGENT, INC. 4551 PONCE-DE-LEON BLVD. CORAL GABLES, FL 33146		Name <i>Doramen L. Ochoa</i> Street Address (P.O. Box Number is Not Acceptable) <i>2460 SW 137th Ave</i> <i>Suite 238</i> City <i>Miami</i> FL Zip Code <i>33175</i>	

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]* DATE _____

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

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	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 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]* - *Doramen L. Ochoa* - 305-221-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *4-28-06* Oaytime Phone #