2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # P96000077087 04-22-2008 90028 040 ***158.75 CORAL SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD 4000 HOLLYWOOD BLVD SUITE 370 N SUITE 370 N S HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 351 SW 136 Ave 351 Suite, Apt. #, etc. 04142008 CR2E034 (12/06) Cha-P 4. FEI Number Applied For Davie 65-0702561 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAKER-VIRTUE, SUSAN J Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD SUITE 370 N HOLLYWOOD, FL 33021 201 Davie all and accept and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity's the obligations of reg. Susan Straker-Virtue Dres SIGNATURE Signature, typed or printed-same of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE-18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Change TITLE ☐ Delete TITLE ☐ Addition NAME STRAKER-VIRTUE, SUSAN 351 SW 136 AUF, Ste 201 STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD BLVD, STE 370 N Davie FL 33325 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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 a statute of the corporation or or on an attachment with a statute of the corporation of the receiver of trustee empowered. Susan Straker-Viltue SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR