# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000028378

1. Entity Name
CORAL CIELO APARTMENT CORP

Principal Place of Business
6490 NW 89TH AVE
TAMARAC, FL 33321

Mailing Address
6490 NW 89TH AVE
TAMARAC, FL 33321

02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0738232 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AGUIRRE, HUGO H
6490 NW 89TH AVE
TAMARAC, FL 33321

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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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U000000218353
02/07/05-80061-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PVD |
| NAME | AGUIRRE, HUGO H |
| STREET ADDRESS | 6490 NW 89TH AVE |
| CITY-ST-ZIP | TAMARAC, FL 33321 |
| TITLE | STD |
| NAME | AGUIRRE, BLANCA |
| STREET ADDRESS | 6490 NW 89TH AVE |
| CITY-ST-ZIP | TAMARAC, FL 33321 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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.

HUGO AGUIRRE

**SIGNATURE:** _____ 2-3-05 954 270 4215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #