

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072653

1. Entity Name  
CORALI FUENTES PA



**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90007 013 \*\*\*150.00

Principal Place of Business  
9434 PALM TREE DR.  
WINDERMERE, FL 34786

Mailing Address  
9434 PALM TREE DR  
WINDERMERE, FL 34786

2. Principal Place of Business  
9131 Dollanger Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
9131 Dollanger Ct.  
Suite, Apt. #, etc.



02252004 Chg-P CR2E034 (10/03)

City & State  
Orlando FL  
Zip  
32819  
Country  
USA

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Orlando FL  
Zip  
32819  
Country  
USA

4. FEI Number  
59-3463758  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FUENTES, CORALI  
5487 NOKOMIS CT  
ORLANDO, FL 32839

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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, 2004 Fee will be \$550.00

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FUENTES, CORALI	
STREET ADDRESS	5487 NOKOMIS CT	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRECNI, MARK T	
STREET ADDRESS	9434 PALM TREE DR.	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuentes, Corali	
STREET ADDRESS	9131 Dollanger Ct	
CITY-ST-ZIP	Orl. FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mark T. Grecni	
STREET ADDRESS	9131 Dollanger Ct	
CITY-ST-ZIP	Orl. FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Coral Fuentes, PA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-204 404-846-4600  
Date Daytime Phone #