## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000078112

1. Entity Name

CORAL REEF OF KEY BISCAYNE DEVELOPERS, INC.



FILED Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business 5101 COLLINS AVE. MIAMI BEACH, FL 33140 Mailing Address 5101 COLLINS AVE. MIAMI BEACH, FL 33140



## DO NOT WRITE IN THIS SPACE

03172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0786893

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERUELO, RICHARD 5101 COLLINS AVE MIAMI BEACH, FL 33140

## DO NOT WRITE IN THIS SPACE

	,			IIV	THIS SPACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typod or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	·	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERUELO, RICHARD 5101 COLLINS AVE MIAMI, FL 33140				U00000117418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MERUELO, BELINDA 5101 COLLINS AVE MIAMI BEACH, FL 33140				04/19/04-80018-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERUELO, HOMERO 5101 COLLINS AVE MIAMI BEACH, FL 33140	-			NOT WRITE	
TITLE				INI	THIC CDACE	

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 expowered 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 applicates, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_ Date \_ Daytime F