


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000078112	
1. Entity Name CORAL REEF OF KEY BISCAYNE DEVELOPERS, INC.	

Principal Place of Business 5101 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140	Mailing Address 5101 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140
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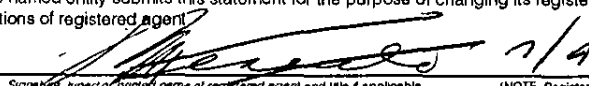
DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0786893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

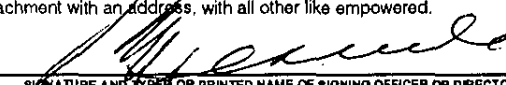
6. Name and Address of Current Registered Agent ZARETSKY, LOUIS D 555 N.E. 15TH STREET SUITE 100 MIAMI, FL 33132	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: 	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERUELO, RICHARD 5101 COLLINS AVENUE, MANAGEMENT OFFICE MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERUELO, HOMERO SR. 5101 COLLINS AVENUE, MANAGEMENT OFFICE MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MERUELO, BELINDA 5101 COLLINS AVENUE, MANAGEMENT OFFICE MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 (305) 865-1250