

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90218 014 \*\*\*150.00

**DOCUMENT # P97000086282**

1. Entity Name

COLEMAN ENTERPRISES OF MIAMI, INC.



Principal Place of Business

13731 VAN BUREN STREET  
MIAMI FL 33176

Mailing Address

13731 VAN BUREN STREET  
MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0786876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, LOUISE C  
13731 VAN BUREN STREET  
MIAMI FL 33176

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BAKER, LOUISE C  
STREET ADDRESS 13731 VAN BUREN STREET  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete  
NAME HALL, MANDY C  
STREET ADDRESS 12295 S.W. 151 ST. E209  
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete  
NAME COLEMAN, SAMUEL L SR.  
STREET ADDRESS 11821 S.W. 182 TERRACE  
CITY-ST-ZIP MIAMI FL 33170

TITLE D ☐ Delete  
NAME COLEMAN, RUBIN SR.  
STREET ADDRESS 4401 S.W. 20TH STREET #1  
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE D ☐ Delete  
NAME HALL, FATIMA L  
STREET ADDRESS 12295 S.W. 151 STRETT E209  
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete  
NAME CHISM, ERNESTINE  
STREET ADDRESS 15000 MONROE STREET  
CITY-ST-ZIP MIAMI FL 33176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Esther Diana Flanagan (Revised)  
STREET ADDRESS 16202 S.W. 98 Avenue  
CITY-ST-ZIP Miami, FL 33152

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Louise C. Baker* Louise C. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 305232-0340

Date

Daytime Phone #