

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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 Applied

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 _____ (NOTE: Registered Agent signature required when terminating)
Signature typed or printed name of registered agent and title (if applicable) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, LOUISE C 13731 VAN BUREN STREET MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000498635 04/22/06-80101-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MANDY C 12295 S.W. 151 ST. E209 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, SAMUEL L SR. 11821 S.W. 182 TERRACE MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, RUBIN SR. 4401 S.W. 20TH STREET #1 HOLLYWOOD FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, FATIMA L 12295 S.W. 151 STREET E209 MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISM, ERNESTINE 15000 MONROE STREET MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise C Baker Louise C Baker **4/7/06** **303 232 0240**