2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Feb 05, 2007 08:00 AM DOCUMENT # P97000091781 **Secretary of State** CORAL WAY ASSOCIATES, INC. Principal Place of Business Mailing Addross 1394 CORAL WAY 1385 CORAL WAY 3FL MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEi Number Applied For 65-0789987 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, RAFAEL M Street Address (P.O. Box Number is Not Acceptable) 1385 CORAL WAY 3FL MIAMI FL 33145 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition Change HERNANDEZ, RAFAEL'M NAME 1385 CORAL WAY 3FL STREET ADDRESS STRUET ADDRESS U000000620164 **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP 02/09/07-80025-021 150.00 IIILE ☐ Delete HILE Change Addition PEREZ, JORGE L 1385 CORAL WAY 3FL STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33145 CITY-SI-ZIP DHE ☐ Delete THE Change Addition NAME HERNANDEZ, RAFAEL NAME STREET ADORESS 1385 CORAL WAY 3FL STREET ADDRESS CHY-SI-ZIP **MIAMI FL 33145** CITY-ST-ZIP ☐ Delete HTLE Change Addition SABATES, MARIO NAME NAME 1385 CORAL WAY 3FL STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-7IP CITY-ST-7IP THILE Detete IJЩ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statutos; 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.

SIGNING OFFICER OR DIRECTOR

2/1/7 (305) 854-330