


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUL -7 PM 2: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000093096</b> 1. Entity Name <b>CORAL MORTGAGE INVESTMENTS, INC.</b>					
Principal Place of Business <b>2460 SW 137 AVE STE 238 MIAMI, FL 33175</b>			Mailing Address <b>2460 SW 137 AVE STE 238 MIAMI, FL 33175</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0795200</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>A &amp; A REGISTERED AGENT, INC. 2460 SW 137 AVE STE 221 MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4551 Ponce de Leon Blvd.</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>		
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 <u><i>Gretel Rodriguez, President</i></u> DATE <u>4/2/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA, CARMEN L <input type="checkbox"/> Delete 2460 SW 137 AVE STE 238 MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600057218516</b> <b>07/08/05--01037--023 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS OCHOA, CARMEN L <input type="checkbox"/> Delete 2460 SW 137TH AVE STE 238 MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/05</u> Daytime Phone #		