## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## Apr 22, 2008 8:00 am Secretary of State DOCUMENT # P98000016287 04-22-2008 90028 038 \*\*\*158.75 CORAL HOLDING ENTERPRISES, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD. LAUB 4000 HOLLYWOOD BLVD. LAUB SUITE 370 N SUITE 370 N HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 351 Sw 136 Ave Suite, Apt. #, etc. 04142008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number Davie 65-0814701 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired üsA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRAKER-VIRTUE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. **SUITE 370 N** HOLLYWOOD, FL 33021 Ste 201 8. The above named entity subm ment 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 regist WSusan Straker-Virtue Pies (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE ☐ Oelete TITLE Change ☐ Addition Addressonly STRAKER-VIRTUE, SUSAN NAME NAME 351 SW 1B6 AVE, Ste 201 STREET ADDRESS 4000 HOLLYWOOD BLVD.SUITE 370 N STREET ADDRESS CITY-ST-702 HOLLYWOOD, FL 33021 CITY-ST-ZIP Davie FL 33325 TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 approximation of the corporation of the

Susan Strakor-V: (tue 4/14/08 954-889-3383)
SIGNING OFFICER OR DIRECTOR

Date

**FILED**