2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90277 024 ***150.00

DOCUMENT # P98000078311

1. Entity Name
CORAL PLAZA APARTMENTS, INC.

Principal Place of Business	Mailing Address
3052 S.W. 27TH AVENUE SUITE #101 MIAMI, FL 33133	3052 S.W. 27TH AVENUE SUITE #101 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
2200 South Dixie Hway	2200 South Dixie Hway
Suite, Apt. #, etc.: Suite 705	Suite, Apt. #, etc.: Suite 705
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: Dade	Zip: 33133 Country: Dade

04182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0869092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENZI, PASQUALE
3052 S.W. 27 AVENUE
SUITE #101
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: Renzi, Pasquale
Street Address (P.O. Box Number is Not Acceptable): 2200 South Dixie Hway
Suite 705
City: Coconut Grove, FL Zip Code: 33133

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: Pasquale Renzi 4/15/05
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENZI, RENZO 201 CRANDON BLVD. #163 KEY BISCAYNE, FL 33149	☐ Delete	Renzi, Renzo 201 Crandon Blvd. #163 Key Biscayne, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENZI, PASQUALE 2642 NATOMA ST. MIAMI, FL 33133	☐ Delete	Renzi, Pasquale 7120 West Lago Drive Coral Gables, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Pasquale Renzi 4/15/05 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #