

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097092

Entity Name: CORALITO CORP.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

338 MINORCA AVE.  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

338 MINORCA AVE.  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0975168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUSKY & MOTOLA, P.A.  
301 ALMERIA AVE., STE 345  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

LUSKY & MOTOLA, P.A.  
3211 PONCE DE LEON BLVD.  
200  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALINO, OSVALDO  
Address: AVIENDA SANTA FE 980-1  
City-St-Zip: BUENO AIRES, ARGENTINA 1059,

Title: S ( ) Delete  
Name: DABUSTI DE VALINO, LETICIA  
Address: AVIENDA SANTA FE 980-1  
City-St-Zip: BEUNOS AIRES, AR 1059

Title: T ( ) Delete  
Name: VALINO, VALERIA  
Address: AVIENDA SANTA FE 980-1  
City-St-Zip: BUENOS AIRES, AR 1059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO VALINO

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date