


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

09-10-2004 90005 008 ***550.00

DOCUMENT # P99000027521					
1. Entity Name CORAL GABLES DEVELOPMENT GROUP, INC.					
Principal Place of Business 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140			Mailing Address 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address		08152004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0956204	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLANIA, FABIO 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Ximena Polania</u> 08/31/04			DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD POLANIA, FABIO 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4779 Collins AVE, APT 2508	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLANIA, XIMENA 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Polania Ximena 4779 Collins AVE #2508	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLANIA-VIDA, FABIO 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140	<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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ximena Polania</u>					

My signature is
my name just like
that.

Ximena Polania TA



Attachment
66634340

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 13, 2004

CORAL GABLES DEVELOPMENT GROUP, INC.
4779 COLLIER AVENUE, APT 2508
MIAMI BEACH, FL 33140

Subject: CORAL GABLES DEVELOPMENT GROUP, INC.

Reference Number: P99000027521

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION