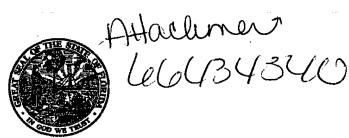
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

	MINIOAL	MELOW!				00.10.20	04.00005	008 ***550.00	Δ
1. Entity Name	MENT # P99000027 ABLES DEVELOPMENT O			0 <i>3</i> -10-20			,		
Principal Place	of Business			}		00404	1010		
•	R AVENUE, APT 2508	Mailing Address 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140			りばんじゃ まっま				
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2. Principal Place of Business		3. Mailing Address						1970 (1991 (1971)), 14 (1981	•
Suite, Apt. #, etc.		Suite, Apl. #, etc.			08152004	Chg-P	CR2E034	(10/03)	_
City & State		City & State			4. FEI Number 65-09562	204		Applied For Not Applicat	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	legistered Agent		 	7. Name and Address of New Registered Agent				
-DOLANIA			Name						
4779 COLL	FABIO: [LIER AVENUE, APT 2508			Street Address (P.O. Box Number is Not Acceptable)					_
MIAMI BEA	ACH, FL 33140								
į.				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 Signature of Florida and Florida agent. OB/31 ONTE: Registered Agent signature required what reinstaing) DATE									
De	E NOWIL FEE IS \$550.00 ue by September 8, 2004	Election Campa Trust Fund Con	tribution.		.00 May Be ded to Fees				
10.	PD ! OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF		DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	POLANIA, FABIO 4779 COLLIER AVENUE, APT 2 MIAMI BEACH, FL 33140	. □ Delets 2508		IF	79 collin	S AVE.		Par Change □ Addi	uon
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NAME		☐ Delein	MAN	- II -	that				XI .
STREET ADDRESS CITY-ST-ZIP	{·		4	FET ADDRESS /- (-ST-ZIP	1	$\widehat{}$		•	()
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or suppliemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Chap changed, or on an attachment with an address, with all other like empowered.									



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

1 12 2004

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:

P9900002752

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report <u>has not been filed</u> 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