FROM : CECØM, INC. FAX NO. :

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90024 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000027521

1. Entity Name
CORAL GABLES DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140	4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140

05232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4779 Collins Avenue	4779 Collins Avenue
Suite, Apt. #, etc. # 2508	Suite, Apt. #, etc. # 2508
City & State Miami Beach	City & State Miami Beach
Zip 33140 Country	Zip 33140 Country

4. FEI Number
65-0956204
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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) 4779 Collins Avenue # 2508 City Miami Beach FL Zip Code 33140

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	PD POLANIA, FABIO 4779 COLLINS AVE, APT #2508 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POLANIA, XIMENA 4779 COLLINS AVE #2508 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POLANIA-VIEDA, FABIO 4779 COLLIER AVENUE, APT 2508 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4779 Collins Avenue # 2508 Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Ximena Polania M. 05/18/05 786-2906140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #