2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # P99000047885

1. Entity Name

CORÁL INVESTMENTS & ASSOCIATES, INC.



FILED Apr 21, 2004 08:00 AM Secretary of State

Principal Place of Business

11880 SW 40 ST

#410 MIAMI, FL 33175 Mailing Address

11880 SW 40 ST

#410

MIAMI, FL 33175



04012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0932051

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MAURICIO 11880 SW 40 ST STE 410 MIAMI, FL 33175

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	named entity submits this statement for the pions of registered agent.	surpose of changing its registered office of	r registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE Registered Agent signs	ture required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	04/22/04-80005-010 150.00
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME	PD LOPEZ, MAURICIO			
STREET ADDRESS	4757 SW 8TH STREET			
CITY-ST-ZIP	MIAMI, FL 33134			

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STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP BRLE NAME STREET ADDRESS CRY-ST-ZIP BBE NAME STREET ADDRESS CITY-ST-ZIP πτε NAME STREET ADDRESS CHY-ST-ZP

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f), 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 expluse 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:

BILE NAME

> SIGNATURE AND TYPED ON PRIN NING OFFICER OR DIRECTOR

04-09-04

305. 225 3161

Davime Phone #