


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90202 012 \*\*\*158.75

<b>DOCUMENT # V23727</b>	
1. Entity Name CORAL PARK DAY SCHOOL, INC.	

Principal Place of Business 9400 S.W. 16TH STREET MIAMI, FL 33165	Mailing Address 9400 S.W. 16TH STREET MIAMI, FL 33165
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**DO NOT WRITE IN THIS SPACE**



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0325701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DIEGUEZ, MARYSABEL  
 325 NW 136 CT  
 MIAMI, FL 33182

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIEGUEZ, MARYSABEL 325 NW 136 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIEGUEZ, JOSE 325 NW 136 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIEGUEZ, MICHELLE 325 NW 136 CT MIAMI, FL 33182
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **47-04 305-553-4333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #