


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # V64231			
1. Entity Name CORAL PARK CO.			
Principal Place of Business 1350 S. DIXIE HWY CORAL GABLES FL 33146 US		Mailing Address 270 NE 4TH STREET MIAMI FL 33132 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0357326		Applied For <input type="checkbox"/> Not Applicable	
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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTERA, BENOIST			NAME			
STREET ADDRESS	270 NE 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33132			CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICANGELI, MAURIZIO			NAME			
STREET ADDRESS	270 NE 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33132			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUPINI, CLAUDIO			NAME			
STREET ADDRESS	270 NE 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33132			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBEDDU, ANTONIO			NAME			
STREET ADDRESS	270 NE 4TH STREET			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33132			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAROCHE, RICHARD F JR.			NAME			
STREET ADDRESS	2103 SHANNON DRIVE			STREET ADDRESS			
CITY - ST - ZIP	MURFREESBORO TN 37129			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDBAUER, ROGER			NAME			
STREET ADDRESS	1500 MIAMI CENTER, 201 SO. BISCAYNE BLVD.			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			CITY - ST - ZIP			

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:  **Benoit Castera** **1-26-04 305-358-0661**