## -2006 FOR PROFIT CORPORATION

CITY-\$1-219

SIGNATURE:

## **FILED** Apr 10 2006 08:00 AM

1954)455-2822

ANNUAL REPORT			Secretary of State		
	MENT # P970000259	36		Secreta	ry of State
1. Entity Nan CORAL I	ne WAY MIRAGE HOLDINGS, INI	C.		,	
Principal Plac	ce of Business	Mailing Address	J	1	
506 S DIXIE		506 S DIXIE HWY		}	
HALLANDAL	E, FL 33009	HALLANDALE, FL 33009			hand light film (Sills said tasks) a said
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}		,		F THE STREET FOR THIS CHARLE BUILD CONTRACTOR	CENTE WERE SAME LEVER FINES BRIDGE IN 18 1841
-	SA MAT MORE	N TUIO ODA	^=	03312006 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			UE .	4. FEI Number	Applied For
		and the same	nan Tiga	65-0754006  5. Certificate of Status Desired	Not Applicabl  \$8.75 Additional
ļ	& Name and Address of Current Da	determine America	·	5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent			4		
BRANT, BARRY M ONE SOUTHEAST THIRD AVE.				DO NOT WI	RITE
15TH FLOOR			IN THIS SPACE		
MIAMI, FL 33131			IN THIS SPACE		
R The above	named entity submits this statement for the	nurronse of channing its registe	rad office or register	red energy or both in the State of Flori	ida. Lam familiar with and access
the obliga	tions of registered agent.	a barbasa or crisi. Guid us radiara	190 Ollinoa Or Lafitziai	ian adami'n nomi' uuna arais oi tion	oa. 7 am fallindi Will, allu decep
SIGNATURE.	Signature, typed or printed name of registered agent and t	We to another the Martin Strategy	ed Again signatura required	{ 	DATE
<u></u>	Dillingtone, Whose or brando userie or redictioner school state t	THOTE: 1900 See	ec voca advatora redinar	u wrem remotatin (b)	DATE
FILE NOWII: FEE IS \$150.00 9. Election Campaign Finan After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			incing \$5.	.00 May Be ded to Fees	
10.	OFFICERS AND DIF	ECTORS		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
NAME	RIKMAN, SHAUL		<u> </u>	00500317 6-80017-010 150.0	
STREET ADDRESS	5 506 S DIXIE HWY			04/25/0	6-80017-010 150.0
CITY-ST-ZIP	HALLANDALE, FL 33009		-1		
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NAME STREET ADDRESS			ł		

12. I hereby cartily that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further centry 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 path; 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.

Shoul

SIGNATUME AND THE OF PROFIED NAME OF SIGNING OFFICER OR DIRECTOR

Rixman