


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000642

1. Entity Name
SOUTH COAST LOANS & MORTGAGE, INC.



Principal Place of Business _____ Mailing Address _____

625 THE CITY DRIVE SOUTH, #303 **625 THE CITY DRIVE SOUTH, #303**
ORANGE, CA 92868 **ORANGE, CA 92868**



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0844531** Applied For _____
 Not Applicable _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEZHER, SAMIR
STREET ADDRESS	625 THE CITY DRIVE SOUTH, #303
CITY-ST-ZIP	ORANGE, CA 92868
TITLE	V
NAME	HARALD HANNES GALLOB
STREET ADDRESS	625 THE CITY DRIVE SOUTH, #303
CITY-ST-ZIP	ORANGE, CA 92868
TITLE	S
NAME	BROOKS DANIEL CHAMPAGNE
STREET ADDRESS	625 THE CITY DRIVE SOUTH, #303
CITY-ST-ZIP	ORANGE, CA 92868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000364198
 05/06/05-80031-002 150.00

U00000364198
 05/06/05-80031-003 8.75

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 reports 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: _____ Date **5-3-05** (714) 621-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #