2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90003 006 ***150.00

DOCUMENT # P02000044345

1. Entity Name
COAST INVESTMENTS II INC.

Principal Place of Business	Mailing Address
3165 S TORREY PINES DRIVE LAS VEGAS NV 89146	3165 S TORREY PINES DRIVE LAS VEGAS NV 89146

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1585 Canopy Oak Blvd	1585 Canopy Oak Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683-6162 Country:	Zip: 34683-6162 Country:

4. FEI Number 04-3669420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A ESQ
150 ALHAMBRA CIRCLE SUITE 1270
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 ______
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, JOSE P 3165 S TORREY PINES DRIVE LAS VEGAS NV 89146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Calvo, Jose P. 1585 Canopy Oak Blvd. Palm Harbor, FL. 34683-6162	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, YELENA 3165 S TORREY PINES DRIVE LAS VEGAS NV 89146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Calvo, Yelena 1585 Canopy Oak Blvd. Palm Harbor, FL 34683-6162	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2.5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #