

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078052

Entity Name: COQUINA DESIGN, INC.

FILED  
May 03, 2004  
Secretary of State

**Current Principal Place of Business:**

5101 N BRANCH AVE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N BRANCH AVE  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: 55-0790915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALY, TERENCE J  
4009 W ANGELES ST  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HALPERN, MATHEW  
Address: 5101 N BRANCH AVE  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: CIVILETTI, ALEX  
Address: 17857A LAKE CARLTON DR  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. MATHEW HALPERN

PRES

05/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date