Amended
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCU  1. Entity Nar  COASTA					FILED 03 SEP -3 PM	ւ ե <b>։ 06</b>						
Principal Place of Business Mailing Address 790 NW 107TH AVE, STE 308 790 NW 107TH AVE, STE MIAMI, FL 33172 MIAMI, FL 33172									SECRETARY OF S TALLAHASSEE, FI			
Principal Place of Business     3. Mailing Address						<del></del>						
Suite, Apt	. #, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State					4. Fi	El Number 65-0802683				
Zip	Cip Country			Zip Coun					ertificate of Status Desired	□ \$8.79 Fee Re		
		and Address of Current	Registered A	lgent		Name		7. N.	ame and Address of New Re	gistered Agent		
CORPCO, INC. 2699 S BAYSHORE DR, 7TH FLOOR MIMAI, FL 33133						Street A	ddress (f	P.O. Bo	ox Number is Not Acceptable)			
						City					Code	
8. The above the obligation	named entit tions of regist	y submits this statement foliered agent.	r the purpose	of changing its	registere	ed office or	register	ed age	ent, or both, in the State of Flori	da. I am familiar	with,	and accept
SIGNATURE												
FILE NOW!!! FEE IS \$158.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State								_	Election Campaign Finar     Trust Fund Contribution.			<b>0</b> May Be I to Fees
10.		OFFICERS AND	DIRECTORS		11.			ADC	DITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-2P	1 '	THOMAS P JR 07TH AVE, STE 308 33172		□ Delete	a		}		000055.	"⊔ :8787	•	Addition   ]!
TITLE NAME STREET ADDRESS CITY-ST-2P	V LEE, JEFF 790 NW 11 MIAMI, FL	07TH AVE, STE 308		Delete	B		V Sear 190 Mia	, N NW ~:	1. Munphy 107+4 Afthu ,FL 33172	□ Ch	inge 8	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	ST VAUGHN, 790 NW 10 MIAMI, FL	07TH AVE, STE 308		☐ Delete	a	et address st-zip		•		□ Ch	inge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP				☐ Delete	8					☐ Cla	inge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	a	1 ADDRESS S1 - ZIP			,	∏ Che	inge	Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Deleje	COY-	T ADDRESS ST-ZIP				□ Cha	-	☐ 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 cath; 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 attachment with an attachment with an attachment.												
SIGNATURE: SIGNATURE AND TYPED OF PROTECTION SIGNATURE AND TYPED OF PROTECTION PROTECTION Date Convirus From a												



ACCOUNT NO. : 07210000032	
REFERENCE : 227402 4322524	
AUTHORIZATION :	
COST LIMIT : \$ 61.25 Licia typis	
ORDER DATE: September 3, 2003	
ORDER TIME : 2:01 PM	
ORDER NO. : 227402-005	
CUSTOMER NO: 4322524	
CUSTOMER: Anna Krimshtein, Esq. Katz Barron Squitero & Faust 7th Floor	V { Q
2699 South Bayshore Drive Miami, FL 33133	RE <b>03</b> S
AMENDED  ANNUAL REPORT FILING	RECEIVED  03 SEP -3 PM 2: 54  DIVISION OF CORPORATION
NAME: COASTAL INTERIORS, INC.	54 1708
XX ANNUAL REPORT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Sara Lea-EXT#1114	

EXAMINER'S INITIALS: