

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000107573	
1. Entity Name RL COASTAL ENTERPRISES, INC.	

Principal Place of Business 764 PROSPERITY FARMS ROAD NORTH PALM BEACH, FL 33408 US	Mailing Address 764 PROSPERITY FARMS ROAD NORTH PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0269614	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERNANDEZ, RIGOBERTO
764 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FL 33408

**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 _____ U00000368789
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/31/05-80016-013 150.00
DATE

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

9. Election Campaign Financing
Trust Fund Contribution ☐ \$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	P
NAME	HERNANDEZ, RIGOBERTO
STREET ADDRESS	764 PROSPERITY FARMS ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	VP
NAME	HERNANDEZ, LIZA L
STREET ADDRESS	764 PROSPERITY FARMS ROAD
CITY-ST-ZIP	NORTH PALM BEACH, US 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05 561-254-9682
Date Daytime Phone