


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-04-2005 90065 026 ***150.00

DOCUMENT # P04000053954

1. Entity Name
BLUE COAST DESIGNS FIRM, INC.



66011038



1st MOORE CR2E034 (10/04)

Principal Place of Business Mailing Address
2100 SOUTH OCEAN DRIVE **2100 SOUTH OCEAN DRIVE**
SUITE 2009 **SUITE 2009**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **824 JEFFERSON AVE.**
 City & State **UNIT 4**
MIAMI BEACH

4. FEI Number **01-0745968** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Zip Country Zip Country
FL 33139

5. Name and Address of Current Registered Agent
BAILEY & ASSOCIATES, A LAW FIRM, P.A.
800 WEST AVENUE
SUITE 202
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **BAILEY JEFFREY S. ESQ.**
 Street Address (P.O. Box Number is Not Acceptable) **18851 NE 29th Ave., Suite 900**
 City **AVENTURA** FL Zip Code **33180**

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  DATE **2/14/05**

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAN VLIERBERGHE, SANDRINE 2100 SOUTH OCEAN LANE, SUITE 2009 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **VAN VLIERBERGHE SANDRINE** (954)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **FEBR. 10th 2005** Day(s) **471-87-26**