

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90065 015 \*\*\*150.00

**DOCUMENT # P06000022993**

1. Entity Name  
**AMERICOAST ENTERPRISES, INC.**



Principal Place of Business  
**18236 MEDITERRANEAN BLVD. #1205  
MIAMI, FL 33015**

Mailing Address  
**18236 MEDITERRANEAN BLVD. #1205  
MIAMI, FL 33015**

401012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**68-0624943**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBOZA, CARMEN  
18236 MEDITERRANEAN BLVD. #1205  
MIAMI, FL 33015**

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, 2007 Fee will be \$550.00**

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  
**PD  
BARBOZA, CARMEN  
18236 MEDITERRANEAN BLVD. #1205  
MIAMI, FL 33015** ☐ 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  
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CITY-ST-ZIP ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **CARMEN BARBOZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/15/07** 305-769-7397  
Daytime Phone #

May 2, 2007

ATTACHMENT 40107136

Florida Department of State  
Department of Corporations.  
#P06000022993

On May 1, 2007 I tried all day to pay the annual Report on line but do to a system error <sup>on</sup> your web page I was unable to submit the payments, I am sending it now I hope that you will take in consideration the reason why I didn't do it on time.

Thank you very much,

Oramen Balza.