2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # 441221** 1. Entity Name COASTAL DATA PRODUCTS, INC. Principal Place of Business Mailing Address 6135 N.W. 167TH STREET E18 6135 N.W. 167TH STREET E18 MIAMI, FL 33015-4317 MIAMI, FL 33015-4317 04262004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1523412 Not Applicable **\$8.75** Additional and the same of th 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TADDEO, ANTHONY R. DO NOT WRITE 9650 SW 16 CT PEMBROKE PINES, FL 33025 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. : Las 19 and 19 1 1 transmire estade. TITLE NAME TADDEO, ANTHONY R. U00000140287 STREET ADDRESS 9650 SW 16 CT 04/29/04-80156-015 150.00 CITY-ST-ZIP PEMBROKE PINES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED