2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 441221

1. Entity Name
COASTAL DATA PRODUCTS, INC.

	Principal Place of Business	Mailing Address
	6135 N.W. 167TH STREET E18 HIALEAH, FL 33015-4317	6135 N.W. 167TH STREET E18 HIALEAH, FL 33015-4317

03082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1523412	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TADDEO, ANTHONY R.
9650 SW 16 CT
PEMBROKE PINES, FL 33025

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

TITLE	PDT	
NAME	TADDEO, ANTHONY R.	
STREET ADDRESS	9650 SW 16 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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03/27/07-80109-004 150.00

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: _Anthony R. Taddeo_ ANTHONY R. TADDEO 3/15/07 305-558-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #