


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 041 ***150.00

DOCUMENT # 661598
 1. Entity Name
COASTAL LEASING INC.



Principal Place of Business Mailing Address
5310 N.W. 33RD AVENUE **5310 N.W. 33RD AVENUE**
SUITE 114 **SUITE 114**
FORT LAUDERDALE, FL 33309 US **FORT LAUDERDALE, FL 33309 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

NADERPOUR & ASSOCIATES, PA
951 NE 167TH STREET
PENTHOUSE SUITE
NORTH MIAMI BEACH, FL 33162

02082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2003553 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **DEXTER W. DEAN**
 Street Address (P.O. Box Number is Not Acceptable)
4750 LEITNER DR.
 City **Coral Springs** FL Zip Code **33067**

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 **DEXTER W. DEAN** *[Signature]* **4/3/07**
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	P	<input type="checkbox"/> Delete
NAME	DEAN, DEXTER W	
STREET ADDRESS	4750 LEITNER DR	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEAN, JEAN	
STREET ADDRESS	4750 LEITNER DR	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KRAMER, SCOTT A	
STREET ADDRESS	903 CYPRESS TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **4-3-2007** **954-486-4343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40058784

