

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87999

FILED
Apr 06, 2004
Secretary of State

Entity Name: COASTAL AUTO BROKERS, INC.

Current Principal Place of Business:

C/O AUTO AMERICA
140 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

C/O AUTO AMERICA
122 TOMAHAWK DR. E
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

C/O AUTO AMERICA
140 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

C/O AUTO AMERICA
690 FOUNTAIN BLVD
SATELLITE BEACH, FL 32937 US

FEI Number: 59-2204738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONDRIEZEK, THOMAS
690 FOUNTAIN BLVD
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ONDRIEZEK, THOMAS,
Address: 690 FOUNTAIN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ONDRIEZEK

PS

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date