


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90355 005 \*\*\*150.00

<b>DOCUMENT # F97000000483</b> 1. Entity Name <b>COASTAL SECURITY SYSTEMS, INC.</b>					
Principal Place of Business <b>01 PARK OF COMMERCE BLVD. NW ATE. 200 BOCA RATON, FL 33847</b>			Mailing Address <b>701 PARK OF COMMERCE BLVD NW SUITE 200 BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>701 Park of Commerce Blvd. NW</b>		3. Mailing Address <b>701 Park of Commerce Blvd. NW</b>			
Suite, Apt. #, etc. <b>Ste. 200</b>		Suite, Apt. #, etc. <b>Ste. 200</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>			
Zip <b>33847</b>		Zip <b>33487</b>		Country <b>USA</b>	
4. FEI Number <b>65-0727016</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KATZ, SHELDON 701 PARK OF COMMERCE BLVD. NW STE. 200 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, SHELDON 701 PARK OF COMMERCE BLVD. NW, STE. 200 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCINTOSH, MIKE 701 PARK OF COMMERCE BLVD. NE, STE. 200 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Park of Commerce Blvd. NW, Ste. 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUISE, LINDA 701 PARK OF COMMERCE BLVD. NW, STE. 200 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGNINI, SHAWN 6251 PK OF COMMERCE BLVD #A BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Park of Commerce Blvd. NW, Ste. 200</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCUTT, JASON 701 PARK OF COMMERCE BLVD. NW, STE. 200 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Spitalonis, Hal 701 Park of Commerce Blvd. NW, Ste. 200 Boca Raton, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: By: <u>Sheldon Katz, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/25/05</b>		
Sheldon Katz, President			Daytime Phone # <b>561-998-1830</b>		



ATTACHMENT  
20049496

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # F97000000483  
COASTAL SECURITY SYSTEMS, INC.

11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS - CONTINUED

TITLE	V	Change	Addition
NAME	Hunniford, James	[ ]	[ ✓ ]
STREET ADDRESS	701 Park of Commerce Blvd. NW, Suite 200		
CITY-ST-ZIP	Boca Raton, FL 33487		

TITLE	T	Change	Addition
NAME	Swartz, Ian	[ ]	[ ✓ ]
STREET ADDRESS	701 Park of Commerce Blvd. NW, Suite 200		
CITY-ST-ZIP	Boca Raton, FL 33487		

TITLE	Assistant Secretary	Change	Addition
NAME	Roth, Elizabeth Iris	[ ]	[ ✓ ]
STREET ADDRESS	701 Park of Commerce Blvd. NW, Suite 200		
CITY-ST-ZIP	Boca Raton, FL 33487		