


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K25942 1. Entity Name SOUTH COAST RESORTS CORPORATION	
--	---


Principal Place of Business 3015 N. OCEAN BLVD. SUITE 120 FT. LAUDERDALE, FL 33308-7306	Mailing Address 3015 N. OCEAN BLVD. SUITE 120 FT. LAUDERDALE, FL 33308-7306
--	--

DO NOT WRITE IN THIS SPACE

FILED

06 MAY 11 PM 3:28

SECRET  
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0056894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA  
3015 N. OCEAN BLVD.  
FT. LAUDERDALE, FL 33308

DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC 3015 NORTH OCEAN BLVD SUITE 115 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

300076202033  
06/14/06--01036--004 \*\*\$495.00

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:  Rebecca A Foster 4/27/06 904 583 9444

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