


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

<b>DOCUMENT # K25942</b> 1. Entity Name <b>SOUTH COAST RESORTS CORPORATION</b>	
--	---

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

DO NOT WRITE IN THIS SPACE

07 MAY 25 PM 1:19

TALLAHASSEE FLORIDA



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0056894</b>	Applied For 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

**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 After May 1, 2007 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

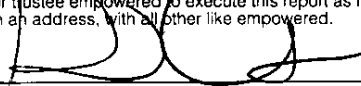
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT LANDAU, MARC 3015 NORTH OCEAN BLVD SUITE 115 FORT LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS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

300104253503  
06/12/07--01005--001 \*\*6295.00

DO NOT WRITE  
IN THIS SPACE

MM

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:  954.663.2444

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