2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90044 004 ***150.00

DOCUMENT # K39759

1. Entity Name
COASTAL CONSTRUCTION OF MONROE, INC.

Principal Place of Business	Mailing Address
790 NW 107 AVE. STE. 308 MIAMI, FL 33172	790 NW 107 AVE. STE. 308 MIAMI, FL 33172

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5959 Blue Lagoon Dr.	5959 Blue Lagoon Dr.
Suite, Apt. #, etc.: Ste. 200	Suite, Apt. #, etc.: Ste. 200
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33126 Country: U.S.A.	Zip: 33126 Country: U.S.A.

4. FEI Number 65-0802683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DR.
7TH FLOOR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY JR, THOMAS P ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITEMAN, DANIEL E ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ ~~VAUGHN, RON~~ ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALDERMAN KEN R. 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MURPHY, THOMAS C ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MURPHY, SEAN M ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PHILBRICK, LYNN ~~790 NW 107 AVE STE 308~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126

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 another like empowered.

SIGNATURE: _____ 2-1-06 305.599-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone