


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K39759</b> 1. Entity Name COASTAL CONSTRUCTION OF MONROE, INC.	
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Principal Place of Business 5959 BLUE LAGOON DR STE. 200 MIAMI, FL 33126	Mailing Address 5959 BLUE LAGOON DR STE. 200 MIAMI, FL 33126
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03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0802683	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  
  
CORPCO, INC.  
2699 S. BAYSHORE DR.  
7TH FLOOR  
MIAMI, FL 33133

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY JR, THOMAS P 5959 BLUE LAGOON DR., STE. 2000 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEMAN, DANIEL E 5959 BLUE LAGOON DR., STE. 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDERMAN, KEN R 5959 BLUE LAGOON SR., STE. 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, THOMAS C 5959 BLUE LAGOON DR., STE. 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, SEAN M 5959 BLUE LAGOON DR., STE. 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PHILBRICK, LYNN 5959 BLUE LAGOON DR., STE. 200 MIAMI, FL 33126

U00000889579  
04/22/08-80060-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Ken Alderman **KEN ALDERMAN** 3-28-2008 305-559-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #