## 2004FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2004 8:00 am Secretary of State

### Principal Place of Business ### Part	DOCUMENT # P00000036305					01-26-2004 90013 026 ***150.00				
BRIDENTON, FL. 34202   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Zip	1. Entity Name CHINA COAST ENTERPRISES, INC.									
BRIDENTON, FL 3402   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Zip   Country   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fool Registered Agent    CHENET, TAT Y   Sweet Address of Current Registered Agent   T. Name and Address of Nor Registered Agent    Street Address (P.O. Box Number is Not Acceptable)  Affect Maker of Status Desired   Status Desired   \$8.75 Additional Fool Registered Agent    CHENET, TAT Y   Sweet Address (P.O. Box Number is Not Acceptable)  The above numes directly submits this statement for the purpose of changing its registered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of fine glatered agent, or both, in the State of Porcia. I am familiar with, and acres of the obligations of the obli										
Suite, Apl. 4, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4. FEI Number   59-3625352   Next Applied    Zip   Country   Zip   Country   S. Cernficate of Status Desired   \$8.75 Additional    For Paquilled   For Paquilled    For Paquilled	8310 MARKET STREET 539 N MILLS AVENUE									•
City & State  Ci	2. Principal P	Place of Business	3. Mailing Address							
Signature   Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF M	AKING C	HANGES	
S. Certificate of Status Desired   Foo Required   F	City & Stat	e	City & State	City & State					Applied For Not Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Žip		. ,			5. Certificate of Status Desired Fe			8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named finity submits this statement for the purpose of changing fits registered agent, or both, in the State of Florida. I am familiar with, and action the obligations of registered agent.  SIGNATURE    Signature	CHENET T		ent Registered Agent	- "	Name	7. Nar	ne and Address of New Regi	stered Ag	ent	-
B. The above named yfinity 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 ac the obligations of registered agent.  SIGNATURE    STEAM	8310 MARKET STREET				Street Address (	(P.O. Box	Number is Not Acceptable)			
B. The above named affilty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of greatered agent.  SIGNATURE  SUMMIN CONTINUE SUMMIN CONTINUE AND AGENT A		/	- //		City			EI	Zip Cod	e
SIGNATURE    SIGNATURE   Separate   State   St	8. The above	named entity submits this stateme	nt for the ourpose of changing its	registen	ed office or register	red agent	t, or both, in the State of Florida		miliar with,	and accept
### DELET NOW!! FEE IS \$150.00.  ### And It is a state of the property of the projection of the projec		$\prec$	The						••	
After May 1 2003 Fee will be \$550-00. Make Check Payable to Florids Department of State  Make Check Payable to Florids Department of State  The Added to Fee Adde		Surrature, impediti primed name of gratered		E: Reyeline	id Agent Signature requires	d when minst	ating)	DATE		·
TITLE	Aft	er May 1, 2003 Fee will be \$55 Amended UBR is \$61.26	0.00		154	!				
MAME STREET ADDRESS CITY-ST-ZP TITLE				11.	· · · · · · · · · · · · · · · · · · ·	ADDI	TIONS/CHANGES TO OFFICE	RS AND E	IRECTOR	5 IN 11
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of the corporation or the receiver or trustee amplifuered to recuire this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12. I hereby of indicated of the cor changed,	TURE:	<u>//////</u>	r the exemy signal as requi	emption stated in Se ture shall have the ired by Chapter 607	ection 119 same leg 7, Florida				nformation or director Block 11 if