2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000093254

1. Entity Name
COASTAL SYSTEMS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
464 S DIXIE HWY CORAL GABLES, FL 33146	464 S DIXIE HWY CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1059074	Not Applicable

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

6. Name and Address of Current Registered Agent

SASSO, R. HARVEY
464 S. DIXIE HWY
CORAL GABLES, FL 33146

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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 reinstating)   DATE

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

TITLE	D
NAME	SASSO, R HARVEY
STREET ADDRESS	464 S DIXIE HWY
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
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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: _____Harvey Sasso._____   JAN.20, 2006   (305) 661.3655

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