

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90482 014 ***150.00

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|--|---|---------------------------|---|--|----|
| DOCUMENT # P00000099567 | | | | | |
| 1. Entity Name SUNCOAST VENTURES, INC. | | | | | |
| Principal Place of Business 1508 N OCEAN BLVD POMPANO BEACH, FL 33062 | | | Mailing Address 2701 E ATLANTIC BLVD POMPANO BEACH, FL 33062 | | |
| 2. Principal Place of Business 2701 E ATLANTIC BLVD | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Pompano Beach FL | | City & State | | 4. FEI Number 65-1055543 | |
| Zip 33062 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAVASANI, BITA 1508 N OCEAN BLVD POMPANO BEACH, FL 33062 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | BITA LAVASANI | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | 2701 E ATLANTIC BLVD | | |
| City | | | Pompano Beach | | FL |
| Zip Code | | | 33062 | | |
| 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: <u>Bit A Lavasani</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE DPST | NAME ZARGARAN, ALI R | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 2701 E ATLANTIC BLVD | CITY-ST-ZIP POMPANO BEACH, FL 33062 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>ALI ZARGARAN</u> President | | | Date: <u>4/21/05</u> Daytime Phone #: <u>954 942 9162</u> | | |