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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00039295

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067796

1. Entity Name
COASTLINE MANAGEMENT, CORPORATION

Principal Place of Business	Mailing Address
4345 SW 74TH TERRACE DAVIE, FL 33314	4345 SW 74TH TERRACE DAVIE, FL 33314

2. Principal Place of Business	3. Mailing Address
5500 SW 8th Street	5500 SW 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State
Zip: 33317 Country	Zip: 33317 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1141272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, JENNIFER 4345 SW 74 TERR DAVIE, FL 33314 — Delete	Name: Anibal F. Ortiz Street Address (P.O. Box Number Is Not Acceptable): 5500 SW 8th Street City: Plantation, FL FL Zip Code 33317

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] 3-12-03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	SH SCOTT, JENNIFER 4345 SW 74TH TERRACE DAVIE, FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSH RODRIGUEZ, ANIBAL 5500 SW 8 ST PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Ortiz, Anibal J. 5500 SW 8th Street Plantation FL 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition

CR2E034 (10/02)

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: Anibal J. Ortiz 03/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

The signature
on corporation papers
P01000067796
belongs to
Anibal Ortiz