


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000089577 1. Entity Name COAST COMMUNICATION & MULTI-SERVICE CORPORATION |  |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business 10008 W FLAGLER ST MIAMI, FL 33174 | Mailing Address 10008 W FLAGLER ST MIAMI, FL 33174 |
|----------------------------------------------------------------------|----------------------------------------------------------|



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 03-0377410 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ECHEVERRY, FREDDY
5419 WEST, 22ND COURT
HIALEAH, FL 33016

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000272782
03/23/05-80001-009 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PST |
| NAME | ECHEVERRY, FREDDY |
| STREET ADDRESS | 5419 WEST, 22ND COURT |
| CITY-ST-ZIP | HIALEAH, FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05
Date

Daytime Phone #