

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000108521

Entity Name: COAST SIDE VIEW, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

306 ALCAZAR AVE.  
SUITE 302  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

306 ALCAZAR AVENUE  
SUITE 302  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1155744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VEGA, ALBERTO  
306 ALCAZAR AVENUE #302  
STE 302  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: GIORGIO, ANTONINI  
Address: 306 ALCAZAR AVE. STE 302  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: VEGA, ALBERTO P  
Address: 306 ALCAZAR AVE. STE 302  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT VEGA

VP

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date