

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90025 001 ***300.00

DOCUMENT # P02000044345

1. Entity Name

COAST INVESTMENTS II INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1585 Canopy Oak Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1585 Canopy Oak Blvd.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

04-3669420

Applied For

Not Applicable

Zip

34683

Country

US

Zip

34683

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

Jose A. Rodriguez, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street

Suite 2900

City

Miami

FL

Zip

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$150.00
DUE BY MAY 1, 2005**

**Make Check Payable to
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP

D

Calvo, Jose P

1585 Canopy Oak Blvd.

Palm Harbor, FL 34683

☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP

D

Calvo, Yelena

1585 Canopy Oak Blvd.

Palm Harbor, FL 34683

☐ Delete

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Jose P. Calvo - Dir.

Jose P. Calvo - Dir.

3-14-05

305 423 3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #