

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053321

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: COASTLAND WALLS, INC.

## Current Principal Place of Business:

25150 BERNWOOD DRIVE  
SUITE 15  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

4584 ENTERPRISE AVE  
SUITE 2  
NAPLES, FL 34104

## Current Mailing Address:

25150 BERNWOOD DRIVE  
SUITE 15  
BONITA SPRINGS, FL 34135

## New Mailing Address:

4584 ENTERPRISE AVE  
SUITE 2  
NAPLES, FL 34104

FEI Number: 02-0594400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, ALFREDO S  
4225 31ST PL., SW  
NAPLES, FL 34116 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SILVA, ALFREDO JR.  
Address: 4225 31ST PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: V ( ) Delete  
Name: SILVA, ALFREDO SR.  
Address: 4225 31ST PLACE SW  
City-St-Zip: NAPLES, FL 34116

Title: V ( ) Delete  
Name: DINH, QUANG  
Address: 27131 LAVINKA STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Delete  
Name: PASSOS, PATRICIA  
Address: 4225 31ST PLACE SW  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: PASSOS, PATRICIA  
Address: 4225 31ST PL SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALFREDO SILVA JR

PSTD

04/22/2004

Electronic Signature of Signing Officer or Director

Date