

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90466 023 ***150.00

DOCUMENT # P02000059145

1. Entity Name
COASTAL PERSONAL HOME CARE SERVICES, INC.



Principal Place of Business
17011 NE 6TH AVE
N MIAMI BEACH, FL 33162

Mailing Address
17011 NE 6TH AVE
N MIAMI BEACH, FL 33162

60032378



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

04-3687020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

IOVANNIA LOPEZ
1704 NE 6TH AVE
N. MIAMI BEACH, FL 33162

Name

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

City

FL

Zip Code

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

IOVANNIA LOPEZ 4-24-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 S
NAME MILLER-COWARD, ENDELL
STREET ADDRESS 9580 NW 11TH STREET
CITY-ST-ZIP PLANTATION, FL 33322 ☒ Delete

TITLE
NAME IOVANNIA LOPEZ ☐ Change ☒ Addition
STREET ADDRESS 9513 NW 9TH CT
CITY-ST-ZIP PLANTATION, FL

TITLE P
NAME MAKROPOLO, JANE
STREET ADDRESS 7341 N.W. 17TH CT
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☒ Delete

TITLE
NAME ELIZABETH HOPKIN ☐ Change ☒ Addition
STREET ADDRESS 1704 NE 6TH AVE
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

IOVANNIA LOPEZ 4-24-06 305-652-2795