


FILED
Jul 27, 2006 8:00 am
Secretary of State

06-29-2006 90001 016 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

6/29/06

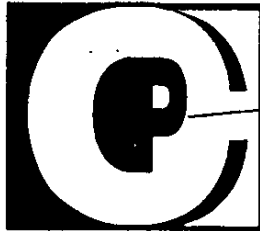
DOCUMENT # P03000067752			
1. Entity Name DELIVERANCE, INC.			
Principal Place of Business 3550 BISCAYNE BLVD SUITE 202 MIAMI, FL 33137		Mailing Address 3550 BISCAYNE BLVD SUITE 202 MIAMI, FL 33137	
2. Principal Place of Business 3900 NW 2nd Ave Suite, Apt. #, etc.		3. Mailing Address 3900 NW 2nd Ave Suite, Apt. #, etc.	
City & State Miami, FL Zip 33127 Country		City & State Miami, FL Zip 33127 Country	
4. FEI Number 55-0840744		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEIDESDORF, EDMOND 3550 BISCAYNE BLVD SUITE 202 MIAMI, FL 33137		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when withdrawing)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIDESDORF, EDMOND H <input type="checkbox"/> Delete 3550 BISCAYNE BLVD SUITE 202 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIDESDORF, EDMOND H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 NW 2nd Ave Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an officer I am empowered.			
SIGNATURE: _____ <small>Signature, typed or printed name of officer or director</small> Date _____			

66022304



DS242008 Chg-P CR2E034 (11/05)

ATTACHMENT



66032 304

#PO3000067752

June 22, 2006

COASTAL PROPERTIES, INC.

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Waiver / Forgiveness of Late Fees for Annual Returns

To Whom It May Concern:

Enclosed please find various Annual Corporate Returns for entities we operate in the State of Florida. These returns are being sent in to your offices late due to the negligence of our previous bookkeeper, Ms. Maria Rodriguez (since terminated).

Ms. Rodriguez developed some personal issues while in our employ that led to a lack of proper and professional oversight and control of the reporting functions specific to her position. We were completely unaware that the issues Ms. Rodriguez faced were of a serious nature. We are now forced to bear the financial burden of this nondisclosure as it has affected the whole of her job duties. It is only now we are discovering certain improprieties like these un-filed, unpaid returns. Substantial fees and penalties from various governmental agencies in the states we conduct business in have been arriving at our door.

The intent of this letter is to ask for a waiver of the late fees applied to various returns included herein. We are attempting to obtain documentation from Ms. Rodriguez that clearly states what I have explained above.

If you should have any questions please contact me at my office – 305.403.4225 x 303.

Thank you in advance for your assistance,

Stephen Bromley

Coastal Properties, Inc.

JUN-13-2006 TUE 03:20 PM V.A. Medical

FAX NO. 305 575 3418

P 02



ATTACHMENT

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
1201 Northwest 16th Street
Miami FL 33125-1693

660-22304
#P03000067752

June 13, 2006

In Reply Refer To:

RE: Rodriguez, Maria E.

Coastal Properties
Attn: Michael Bromley,
In reference to: Florida Division
of Corporations
3900 NW 2nd Ave.
Miami, FL 33127

Attn: Michael Bromley:

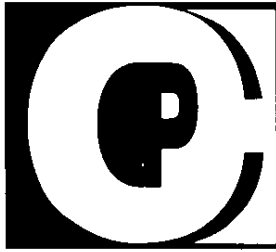
This letter is in reference to the above named veteran. Ms. Rodriguez has requested verification of her treatment at the Miami Veterans Affairs Healthcare System be provided to your organization. Ms. Rodriguez has been receiving healthcare at the Miami VA since 2001 and continues to be enrolled in treatment here.

Ms. Rodriguez has signed a release of information to provide your organization with this information.

Thankyou,

Ana Gonzalez, LCSW
Clinical social worker
(305)324-4455 ext. 3942

ATTACHMENT



July 24, 2006

COASTAL PROPERTIES, INC.

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

I think there is some confusion on our request to waive the late fees on the enclosed corporations.

We never received the Annual Reports for these companies.

Our address is 3900 NW 2nd Ave and has been for over one year. We did notify everyone but some of the Annual Reports went to the old address and were not forwarded to us.

Thank you for your consideration,

Sincerely yours,

A handwritten signature in cursive script that reads 'Ronni Blank'.

Ronni Blank
Controller