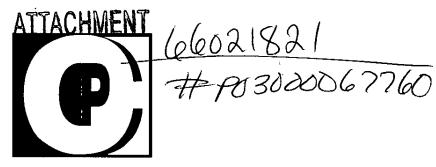
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 06-29-2006 90001 010 \*\*\*150.00 **DOCUMENT # P03000067760** 1. Entity Name MIBRO, INC. Principal Place of Business Mailing Address 3550 BISCAYNE BLVD SUITE 202 3550 BISCAYNE BLVD SUITE 202 66021821 MIAM), FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address 3 900 NW 2 auc 3900 NW Suite, Apt. #, etc. Suite, Apt. #, stc. 05242008 CR2E034 (11/05) City & State Minmi, PL City & State 4. FEI Number Applied For mieni, te. 55-0840577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33127 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROMLEY, MICHAEL W 3550 BISCAYNE BLVD SUITE 202 MIAMI, FL 33137 Street Address (P.O. Box Number is Not Acceptable) Cliv 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 amplicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BROMLEY INCHAELW. 3990 NW. 24 Ave BROMLEY, MICHAEL W NAME NALE STREET ADDRESS 3550 BISCAYNE BLVD SUITE 202 STREET ADORESS Mrami, PL 33127. CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZP TITLE ☐ Delete MLE ☐ Addition Change NUME KALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAKE STREET ADDRESS STREET ADDRESS CITY-\$1-292 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied ential 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 received or trustee impowered 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 addjess, with all other like empowered. SIGNATURE:

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FILED Jul 14, 2006 8:00 am

Davtime Phone #



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  $-305.403.4225 \times 303$ .

Thank you in advance for your assistance,

Stephen Bromley

Coastal Properties, Inc.

FAX NO. 305 575 3418



## ATTACHMENT

DEPARTMENT OF VETERANS AFFAIRS

Medical Center 1201 Northwest 16<sup>th</sup> Street Miami FL 33125-1693 660218A1 # 90300067160

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 2<sup>nd</sup>, Ave.
Miami,Fl. 33127

Attn: Michael Bromley:

This letter is in reference to the above named veteran. Ms. Redriguez 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