

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117522

FILED
Mar 29, 2006
Secretary of State

Entity Name: SUNCOAST METAL WORKS, INC.

Current Principal Place of Business:

858 N DIXIE HWY
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

858 N DIXIE HWY
LANTANA, FL 33462

New Mailing Address:

FEI Number: 20-0330373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSERSTROM, ELLEN ESQ
C/O GREENSPOON MARDER HIRSCHFELD RAFKIN
100 W CYPRESS CREEK ROAD STE 700
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: CHEVRIER, SYLVAIN
Address: 858 N DIXIE HWY
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: CHEVRIER, LYNE ST. AMAND
Address: 858 N DIXIE HWY
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: LYNE ST-AMAND

VP

03/29/2006

Electronic Signature of Signing Officer or Director

Date