2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P03000123020 1. Entity Name SUNCOAST PREFERRED INVESTMENT CORP.				Secretary of Stat	te
Principal Place of Busines		Mailing Address			
11100 66TH ST N STE LARGO, FL 33773	40	1705 BAYOU GRANDE BLVD., ST. PETERSBURG, FL 33703	NE.		
i.					
				04262005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number Applied For	r
				56-2410659 Not Applica	ible
				5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent					
SALVEGGI, ANDRA 6740 CROSSWORDS DRIVE N STE 6-1			<u> </u>	DO NOT WRITE	
SAINT PETERSBUI				IN THIS SPACE	
			} 	IN THIS SPACE	
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, type	d or printed name of registered agent and	title if applicable. [NOTE Registers	d Agent signature required	d when reinstating) DATE	
FILE NOW!!! After May 1, 200	FEE IS \$150.00 5 Fee will be \$550.00			.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			
	OS, MICHAEL	·	_		
1	YOU GRANDE BLVD., NE ERSBURG, FL 33703			U0000339203 04/28/05-80066-017 150, 00	
TITLE VPD		<u> </u>			
NAME DIAZ, RO STREET ADDRESS 7210 PA					
	ETERSBURG, FL 33707				
TITLE NAME		·· -		ga in the second discussion of the second disc	
STREET ADDRESS				DO NOT WRITE	
CITY-ST-ZIP		·			
NAME]	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP					
TITLE		 	<u> </u>		
NAME STREET ADDRESS					
CITY - ST - ZIP		<u> </u>	Į		
TITLE NAME		•		<u> </u>	
STREET ADDRESS					
12. I hereby certify that the	ne information supplied with the	s filing does not qualify for the exe	mption stated in Se	action 119.07(3)(i), Florida Statutes. I further certify that the informatio	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 truefde 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: MEDICAL BUDGEZ, VP				4/25/2005 727 344 727 Date Dayline Phone #	2