


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 012 ***150.00

DOCUMENT # P04000039179 1. Entity Name COASTAL AUTOMOTIVE GROUP CORP.					
Principal Place of Business 18574 NW 24 PL PEMBROKE PINES, FL 33029			Mailing Address 18574 NW 24 PL PEMBROKE PINES, FL 33029		
2. Principal Place of Business 6915 N.W. 51 STREET Suite, Apt. #, etc. -----		3. Mailing Address 6915 N.W. 51 STREET Suite, Apt. #, etc. -----			
City & State MIAMI, FLORIDA Zip 33166		City & State MIAMI, FLORIDA Zip 33166		4. FEI Number 20-0804652	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISOBA, JOSE I 18574 NW 24 PL PEMBROKE PINES, FL 33029			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 registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DPS ISOBA, JOSE I 18574 NW 24 PL PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 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: <u>Jose I. Isobe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-03-06 305 4709352 <small>Date Daytime Phone #</small>		