


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 031 ***150.00

DOCUMENT # P04000063150	
1. Entity Name C. COAST TELECOM, INC.	

Principal Place of Business 1511 EAST COMMERCIAL BLVD FORT LAUDERDALE FL 33334	Mailing Address 1511 EAST COMMERCIAL BLVD 1 FORT LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box # 3015 SW Pine Island Rd	3. Mailing Address 3015 SW Pine Island Rd
(Suite) Apt. #, etc. 113-206	Suite, Apt. #, etc. 113-206

1st MOORE CR2E034 (10/06)

City & State CAPE CORAL, FL	City & State FL CAPE CORAL, FL
Zip 33991-1704	Zip 33991-1704
Country LEE	Country LEE

4. FEI Number 52-2442895	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 LAFauci, LOUIS 5901 N E 15TH AVENUE FORT LAUDERDALE FL 33334	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Louis Lafauci* DATE 2/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFauci, LOUIS 5901 N E 15TH AVENUE FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3015 SW Pine Island Rd. CAPE CORAL, FL 33991 Suite 113-206
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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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Louis Lafauci* DATE 2/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR