

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000099738

1. Entity Name  
COAST TO COAST INTERNATIONAL, CORP.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 16 AM 10:37

Principal Place of Business  
6567 PICCADILLY LANE  
ORLANDO, FL 32835

Mailing Address  
6567 PICCADILLY LANE  
ORLANDO, FL 32835



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-1330784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELZENSZVALBE, MIRIAN  
800 NORTHEAST 195 STREET #519  
NORTH MIAMI, FL 33179

Name  
BRANDAO, THEREZA CHRISTINA B.

Street Address (P.O. Box Number is Not Acceptable)  
6567 PICCADILLY LANE

City  
ORLANDO

FL

Zip Code  
32835

8. The above named entity submits this statement for the purpose of reinstating 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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
P  
FELZENSZVALBE, MIRIAN  
800 NORTHEAST 195 STREET, #519  
NORTH MIAMI, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
BRANDAO, THEREZA CHRISTINA B.  
6567 PICCADILLY LANE  
ORLANDO, FL 32835 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700069069227  
03/30/06--01062--025 \*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 prepare 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-06

NA