


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 012 ***150.00

DOCUMENT # P04000115884 1. Entity Name COASTAL CONSTRUCTION OF WEST PALM BEACH, INC.			
Principal Place of Business 790 N.W. 107TH AVE., STE. 308 MIAMI, FL 33172		Mailing Address 790 N.W. 107TH AVE., STE. 308 MIAMI, FL 33172	
2. Principal Place of Business 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200		3. Mailing Address 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.
4. FEI Number 20-1701206		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 CORPCO, INC. 2699 SOUTH BAYSHORE DR., 7TH FLOOR MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 PD NAME MURPHY, THOMAS P JR. STREET ADDRESS 790 N.W. 107TH AVE., STE. 308 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition NAME 5959 BLUE LAGOON DR., STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME VAUGHN, RON STREET ADDRESS 790 N.W. 107TH AVE., STE. 308 CITY-ST-ZIP MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> <input type="checkbox"/> Addition NAME ALDERMAN, KEN R. STREET ADDRESS 5959 BLUE LAGOON DR., SUITE 200 CITY-ST-ZIP MIAMI, FL 33126	<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
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 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: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-01-06 Daytime Phone # 305-559-4900	