



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 011 ***150.00

DOCUMENT # P04000123931 1. Entity Name COAST TO COAST R.E. SERVICES, INC.					
Principal Place of Business 11440 OKECHOBEE BLVD 217 ROYAL PALM BEACH, FL 33411			Mailing Address 3584 WASH ROAD #B LAKE WORTH, FL 33467		
2. Principal Place of Business 8641 Lake Worth RD		3. Mailing Address 3584 Wash RD			
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. #B			
City & State LAKE WORTH FL		City & State LAKE WORTH FL			
Zip 33467		Country USA		4. FEI Number 32-0124406	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIDRIGUES, PHYLLIS 3584 WASH ROAD #B LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name RODRIGUES, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 3584 Wash RD #B City LAKE WORTH FL Zip Code 33467		
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: <u><i>Phyllis Rodriguez</i></u> <u>3-13-06</u> <small>Signature, typed or printed name of registered agent and fee 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 P NAME RODRIGUES, PHYLLIS STREET ADDRESS 3584 WASH ROAD #B CITY-ST-ZIP LAKE WORTH, FL 33467	<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	
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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><i>Phyllis Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-13-06</u> <small>Date Daytime Phone #</small>		