

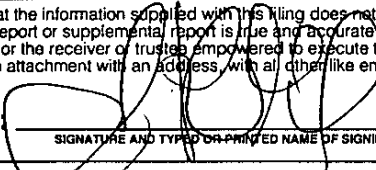


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90088 011 ***150.00

DOCUMENT # P04000138092 1. Entity Name COASTAL DRIVE PROPERTY INC.																																																																																
Principal Place of Business 2 ALHAMBRA PLAZA PENTHOUSE 2-B CORAL GABLES, FL 33134		Mailing Address 2 ALHAMBRA PLAZA PENTHOUSE 2-B CORAL GABLES, FL 33134																																																																														
2. Principal Place of Business 201 Alhambra Circle Suite, Apt. #, etc. Suite 601 City & State CORAL GABLES Zip FL 33134		3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. Suite 601 City & State Coral Gables Zip FL 33134																																																																														
4. FEI Number 20-1813077		02172005 Chg-P CR2E034 (10/03) 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 DEL VALLE, MARIA G 2 ALHAMBRA PLAZA PENTHOUSE 2-B CORAL GABLES, FL 33134																																																																														
7. Name and Address of New Registered Agent Name MARIACRETINA DEL VALE Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE Suite 601 City CORAL GABLES, FL Zip Code FL 33134		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  MARIACRETINA DEL VALLE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/2/05																																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>D MAZZARELLA, ANGELO</td> <td>2 ALHAMBRA PLAZA</td> <td>CORAL GABLES, FL 33134</td> <td style="text-align: center;"><input checked="" type="checkbox"/> address</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		D MAZZARELLA, ANGELO	2 ALHAMBRA PLAZA	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> address					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>DP</td> <td>MAZZARELLA, Angelo</td> <td>201 ALHAMBRA CIRCLE</td> <td>CORAL GABLES, FL 33134</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Suite 601</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>S</td> <td>MARIAFERNANDA VAMONDE</td> <td>201 Alhambra Circle, Suite 601</td> <td>CORAL GABLES, FL 33134</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	DP	MAZZARELLA, Angelo	201 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Suite 601	<input type="checkbox"/>	S	MARIAFERNANDA VAMONDE	201 Alhambra Circle, Suite 601	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  ANGELO MAZZARELLA, President 3/2/05 (305) 357-1001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																