

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000072600

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** COASTAL COLLISION SPECIALISTS, INC.

**Current Principal Place of Business:**

1000 N.STATE RD. 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1000 N ST RD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

1000 N.STATE RD. 7  
HOLLYWOOD, FL 33021

**FEI Number:** 20-2857758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMAWAD, VIJAI  
2431 N 61ST AVENUE  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

RAMAWAD, VIJAI  
7547 N.W. 18TH DRIVE  
PEMBROKE PINES, FL 33024 US

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.

**SIGNATURE:** VIJAI K. RAMAWAD

04/14/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** RAMAWAD, VIJAI  
**Address:** 7547 N. W. 18TH DRIVE  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** VIJAI K RAMAWAD

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

Date