


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 034 ***150.00

DOCUMENT # P05000103301		
1. Entity Name INTRACOASTAL MORTGAGE BROKERS, INC.		

Principal Place of Business 6243 ANDREOZZI LANE WINDERMERE, FL 34786 US	Mailing Address 6243 ANDREOZZI LANE WINDERMERE, FL 34786 US
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50023967



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07212006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3207706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NARRAPH, HEMCHAND 6243 ANDREOZZI LANE WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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 NARRAPH, HEMCHAND 6243 ANDREOZZI LANE WINDERMERE, FL 34786 <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
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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: Hemchand Narraph 07/25/2006 407-654-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HEMCHAND NARRAPH

ATTACHMENT

50023967

Intracoastal Mortgage Brokers Inc.
6243 Andreozzi Lane, C/o H. Narraph
Windermere, FL. 34786

July 20th, 2006

Div. of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500


Re: P05000103301

Gentlemen:

Enclosed is a check for \$ 150 accompanied by the '2006 For Profit Corporation Annual Report.' I humbly ask that you waive the penalty since I never receive any notice of such a filing. This is a new corporation in Florida, incorporating in the summer of 2005. I was not aware of such a filing until I received a 'Notice of Intent to Dissolve', however, as soon as I receive that notice I promptly filed the report and pay the fee. I did not receive any prior notice.

Again, I humbly ask for your forgiveness in this initial filing.

Sincerely yours,



Hemchand Narraph, Pres.