

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 010 ***150.00

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| DOCUMENT # P06000059847 1. Entity Name COASTAL FINANCIAL CONSULTANTS, INC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 9450 SUNSET DRIVE SUITE 201 A MIAMI, FL 33173 | | Mailing Address 9450 SUNSET DRIVE SUITE 201 A MIAMI, FL 33173 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 9415 SW 72 Street #252 | | 3. Mailing Address 9415 SW 72 Street #252 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Miami, FL | | City & State Miami, FL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33173 | | Zip 33173 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country USA | | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-4844370 | | 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 LUIS, PATRICIA 9450 SUNSET DRIVE SUITE 201 A MIAMI, FL 33173 | | 7. Name and Address of New Registered Agent Name Patricia Luis Street Address (P.O. Box Number is Not Acceptable) 9415 SW 72 Street #252 City Miami FL Zip Code 33173 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 2/19/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: 70%;">V</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUIS, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9450 SUNSET DRIVE STE 201A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> </table> | | TITLE | V | <input type="checkbox"/> Delete | NAME | LUIS, PATRICIA | | STREET ADDRESS | 9450 SUNSET DRIVE STE 201A | | CITY - ST - ZIP | MIAMI, FL 33173 | | 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: 70%;">P.D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Patricia Luis</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9415 SW 72 Street #252</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miami, FL 33173</td> <td></td> </tr> </table> | | TITLE | P.D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Patricia Luis | | STREET ADDRESS | 9415 SW 72 Street #252 | | CITY - ST - ZIP | Miami, FL 33173 | |
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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: | | 2/19/2007 (805) 412-6332 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |