

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90042 027 \*\*\*158.75

<b>DOCUMENT # P07000004518</b> 1. Entity Name <b>COASTLINE ATM SERVICES, INC.</b>					
Principal Place of Business <b>22127 S.W. 58TH AVENUE BOCA RATON, FL 33428</b>			Mailing Address <b>22127 S.W. 58TH AVENUE BOCA RATON, FL 33428</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>01232008    Chg-P    CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>4. FEI Number <b>20-8188343</b></span> <span>Applied For <input type="checkbox"/> Additional Fee Required</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>5. Certificate of Status Desired    <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</span> </div>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MONDRY, CHERIE 22127 S.W. 58TH AVENUE BOCA RATON, FL 33428</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>STEVEN MONDRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>22127 SW 58TH AVE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>	
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>Steven Mondry</i></u> <u><i>Director</i></u> <u><i>1/23/08</i></u> <small>Signature: typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MONDRY, STEVEN</b> <b>22127 S.W. 58TH AVENUE</b> <b>BOCA RATON, FL 33428</b>	<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	<b>D</b> <b>MONDRY, CHERIE</b> <b>22127 S.W. 58TH AVENUE</b> <b>BOCA RATON, FL 33428</b>	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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:** *Steven Mondry*    *1/23/08*    *561 302 5336*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #