
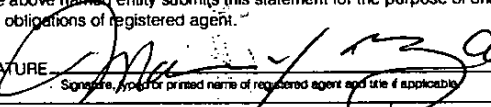
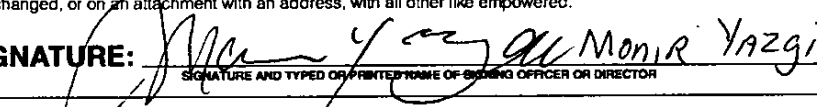


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90023 024 \*\*\*150.00

<b>DOCUMENT # P92000008985</b> 1. Entity Name <b>FIRST COAST INVESTMENTS, INC.</b>					
Principal Place of Business <b>7633 HOLIDAY RD SO JACKSONVILLE, FL 32216</b>			Mailing Address <b>7633 HOLIDAY RD SO JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3155651</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>YAZGI, MONIE - 7633 HOLIDAY RD SOUTH JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>YAZGI, MONIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7633 Holiday Rd S</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</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:  <b>Monir YAZGI</b> DATE: <b>1-8-2005</b> <small>Signature, print or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAZGI, TOM 6920 LA LOMA DR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARHAT, SAID 1309 JOURNEYS END LN JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOE L 1823 LANDWOOD ST JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAZGI, MONIR 7633 HOLIDAY RD S JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, LOUIS JR. 3982 CHESTWOOD AVE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YAZGI, ABDO 1277 BEACH AVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete			
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:  <b>Monir YAZGI</b> DATE: <b>1-8-2005</b> DAYTIME PHONE #: <b>(904)608-0068</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		