2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 08:00 AN Secretary of State

ANNOAL REPORT				C 4 C C 4	
DOCUMENT # P94000030792 1. Entity Name CUSTOM COACH, INC.				Secretary of Sta	
Principal Plac 220 S.W. 33 FT. LAUDERD		Mailing Address 220 S.W. 33RD ST. FT. LAUDERDALE, FL 33315			
		. , ,	t	01312008 No Chg-P CR2E034 (11/05)	
ם	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 65-0484586 Not Applicable	
	6. Name and Address of Current Re	alstered Agent	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. Certificate of Status Desired \$8.75 Additional Fee Required	
BECKER, KLAUS J 220 S.W. 33RD ST. FT. LAUDERDALE, FL 33315			2, 14	DO NOT WRITE IN THIS SPACE	
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					
SIGNATURE.	. Signature, typed or printed name of registered agent and	itle il applicable (NOTE: Regisier	ed Agent signature required	d when (einstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				i.00 May Be ded to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, KLAUS J 220 S.W. 33RD ST. FT. LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Toppe	U00000849254 03/21/08-80013-010 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 received of try stee 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 a address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08 954-522-7784