2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P94000085586					FILED		
COACHM	IAN TILE, INC.			0L	OCT 18 AM	9: 59	
				4	MADERADY OF	STATE	
Principal Place		Mailing Address)	ECRETARY OF LLAMASSEE. 1		
1224 N.W. 1		1885 OPA LOCKA BLVD		TA · TA	LLAMHONEE.	PEARIUM	
MIAMI, FL 3	3167	OPA LOCKA, FL 33054					
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) (2000000 III)	E IRMI STATI STATI SAUS ERII	1 86:81 (818) BIS 81161	
				06162004	No Chg-P	CR2E034 (10	V03) Applied For
				65-053			Not Applicable
				5. Certificate	of Status Desired	\$8.75 Fee Re	5 Additional equired
Name and Address of Current Registered Agent			_				
COACHMA	AN, DANNY W					1	
1885 OPA	LOCKA BLVD						1
≅MIAMI, EL	33054	-					- • •
9 The above	named entity submits this statement for the	on ourners of changing its register	rod office or registe	and agent or be	th in the State of Ele	rida Lam familiar	with and agent
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. It am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature require	d when reinstating)	T	DATE	
ľ	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Fina Trust Fund Contribution		i.00 May Be ded to Fees	In accordance v corporation did	vith s. 607.193(2 not receive the p	2)(b), F.S., the prior notice.
10.	OFFICERS AND DI	RECTORS			l		
TITLE	DVP	-					
NAME .							
	COACHMAN, DANNY		1				1
STREET ADDRESS	1885 OPA LOCKA BLVD						:
CITY-ST-ZIP			_				
CITY-ST-ZIP	1885 OPA LOCKA BLVD	···	_				
CITY-ST-ZIP TITLE NAME	1885 OPA LOCKA BLVD		•				
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CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby inclicated of the coof	certify that the information supplied with the on this report or supplemental report is transfer or the receiver or trustee empoyer, or on an attachment with an address, with the contract of the receiver or trustee empoyer.	IS ling does not qualify for the ex ue and accurate and that my sign ered to execute this report as requ h all other like empowered.	emption stated in S ature shall have the uired by Chapter 60	10/2	21/040105	I further certify that and the appears in Block	*158.75