

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90042 006 \*\*\*150.00

**DOCUMENT # P96000028490**

1. Entity Name  
**COAST REALTY, INC.**



Principal Place of Business  
**21301 POWERLINE ROAD  
STE 312  
BOCA RATON, FL 33433 US**

Mailing Address  
**21301 POWERLINE ROAD  
STE 312  
BOCA RATON, FL 33433 US**

**40017871**



2. Principal Place of Business - No P.O. Box #  
**925 SOUTH FEDERAL HIGHWAY**

3. Mailing Address  
**925 SOUTH FEDERAL HIGHWAY**

Suite, Apt. #, etc.  
**SUITE 425**

Suite, Apt. #, etc.  
**SUITE 425**

01152007 Chg-P CR2E034 (12/06)

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0770857**

Applied For  
Not Applicable

Zip  
**33432**

Country  
**USA**

Zip  
**33432**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHAPIRO & DECTOR, P.A.  
7777 GLADES RD  
SUITE 200  
BOCA RATON, FL 33434**

**7. Name and Address of New Registered Agent**

Name **SHAPIRO & DECTOR, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7777 GLADES ROAD**  
**4th FLOOR**  
City **BOCA RATON** FL Zip Code **33434**

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 the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/8/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **LEVIN, STEVEN**  
STREET ADDRESS **21301 POWERLINE ROAD, STE 312**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President** ☒ Change ☐ Addition  
NAME **LEVIN, STEVEN**  
STREET ADDRESS **925 SOUTH FEDERAL HIGHWAY, SUITE 425**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 reports 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:

**2/1/07 5619487100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #