


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 009 \*\*\*150.00

<b>DOCUMENT # P96000069319</b>	
1. Entity Name <b>BENTLEY WAY, INC.</b>	

Principal Place of Business <b>3500 BISCAYNE BLVD 202 MIAMI, FL 33137</b>	Mailing Address <b>3500 BISCAYNE BLVD 202 MIAMI, FL 33137</b>
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2. Principal Place of Business <b>3900 NW 2nd Ave</b>	3. Mailing Address <b>3900 NW 2nd Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33127</b>	Zip <b>33127</b>
Country	Country

4. FEI Number <b>58-2263103</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>BROMLEY, MICHAEL W 3417 GARDEN AVENUE MIAMI BEACH, FL 33140-3823</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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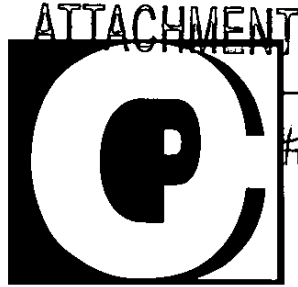
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROMLEY, MICHAEL W 3417 GARDEN AVENUE MIAMI, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROMLEY, MICHAEL W 3900 NW 2nd Ave Miami, FL 33127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone #</small>
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June 22, 2006

COASTAL PROPERTIES, INC.

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: Waiver / Forgiveness of Late Fees for Annual Returns

To Whom It May Concern:

Enclosed please find various Annual Corporate Returns for entities we operate in the State of Florida. These returns are being sent in to your offices late due to the negligence of our previous bookkeeper, Ms. Maria Rodriguez (since terminated).

Ms. Rodriguez developed some personal issues while in our employ that led to a lack of proper and professional oversight and control of the reporting functions specific to her position. We were completely unaware that the issues Ms. Rodriguez faced were of a serious nature. We are now forced to bear the financial burden of this nondisclosure as it has affected the whole of her job duties. It is only now we are discovering certain improprieties like these un-filed, unpaid returns. Substantial fees and penalties from various governmental agencies in the states we conduct business in have been arriving at our door.

The intent of this letter is to ask for a waiver of the late fees applied to various returns included herein. We are attempting to obtain documentation from Ms. Rodriguez that clearly states what I have explained above.

If you should have any questions please contact me at my office – 305.403.4225 x 303.

Thank you in advance for your assistance,

Stephen Bromley

Coastal Properties, Inc.

**ATTACHMENT**

40097442  
#196000069319



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
1201 Northwest 16<sup>th</sup> Street  
Miami FL 33125-1693

June 13, 2006

In Reply Refer To:

RE: Rodriguez, Maria E.

Coastal Properties  
Attn: Michael Bromley,  
In reference to: Florida Division  
of Corporations  
3900 NW 2<sup>nd</sup> Ave.  
Miami, FL 33127

Attn: Michael Bromley:

This letter is in reference to the above named veteran. Ms. Rodriguez has requested verification of her treatment at the Miami Veterans Affairs Healthcare System be provided to your organization. Ms. Rodriguez has been receiving healthcare at the Miami VA since 2001 and continues to be enrolled in treatment here.

Ms. Rodriguez has signed a release of information to provide your organization with this information.

Thankyou,

A handwritten signature of Ana Gonzalez, LCSW, is written over a horizontal line.

Ana Gonzalez, LCSW  
Clinical social worker  
(305)324-4455 ext. 3942