2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000056777

1. Entity Name
COASTAL CUISINE, INC.

Principal Place of Business	Mailing Address
4120 GULF OF MEXICO LONGBOAT KEY, FL 34228 US	C/O MURRAY J. KLAUBER 1620 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 US

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0779698	Not Applicable

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

6. Name and Address of Current Registered Agent

KLAUBER, MURRAY J.
1620 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U0000042877G
02/21/06-80063-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KLAUBER, MURRAY J
STREET ADDRESS	1620 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

TITLE	D
NAME	KLAUBER, THOMAS
STREET ADDRESS	4120 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

TITLE	
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NAME	
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CITY-ST-ZIP	

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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.

SIGNATURE: _Murray J Klauber_   2/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #