


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90044 005 \*\*\*150.00

<b>DOCUMENT # P97000100021</b> 1. Entity Name <b>COASTAL CONSTRUCTION GROUP OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>790 NORTHWEST 107 AVE., STE. 308 MIAMI, FL 33172</b>			Mailing Address <b>790 NORTHWEST 107 AVE., STE. 308 MIAMI, FL 33172</b>		
2. Principal Place of Business <b>5959 Blue Lagoon Dr.</b> Suite, Apt. #, etc. <b>Ste. 200</b> City & State <b>Miami, FL.</b> Zip <b>33126</b>		3. Mailing Address <b>5959 Blue Lagoon Dr.</b> Suite, Apt. #, etc. <b>Ste. 200</b> City & State <b>Miami, FL.</b> Zip <b>33126</b>			
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		4. FEI Number <b>65-0802683</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPCO, INC.</b> <b>2699 S. BAYSHORE DR., 7TH FLOOR</b> <b>MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, THOMAS P JR 790 N.W. 107 AVE., STE 308 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5959 BLUE LAGOON DR., SUITE 200</b> <b>MIAMI, FL 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, JOHN M 790 NW 107 AVE SUITE 308 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5959 BLUE LAGOON DR., SUITE 200</b> <b>MIAMI, FL 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAUGHN, RON 790 N.W. 107 AVE., STE 308 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST ALDERMAN, KEN R.</b> <b>5959 BLUE LAGOON DR., SUITE 200</b> <b>MIAMI, FL 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, LESLIE B 790 N.W. 107 AVE., STE 308 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5959 BLUE LAGOON DR., SUITE 200</b> <b>MIAMI, FL 33126</b>	
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	
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 another like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>2-1-06</b> Daytime Phone #: <b>305.559-4900</b>		