2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100045 1. Entity Name



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

COASTAL CONSTRUCTION OF SOUTH FLORIDA, INC.						02-16-2006 90058 013 ***150.00				
Principal Place 790 NORTHW MIAMI, FL 33	VEST 107TH AVE., STE. 308	Mailing Address 790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172								
Principal Place of Business 3. Mailing Address				<u> </u>						
5959 Suite, Apt.	Blue Lagoon Dr.		5959 Blue Laguan Dr. Suite, Apt. #, etc.							
Ste.		Ste. 200				Chg-P	CR2E03	14 (11/05)		
City & State	City & State	ite C,			er 0000			lied For		
Miami, F.L. Miami, F.L. Zip Zip		Miami, FL.	Country 4		65-080	2683		Not Not	Applicable	
33126	U.S. A.	33126		ś. A.	5. Certificate	of Status Desired		ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent		
CORPCO, INC.					Name					
2699 SOUTH BAYSHORE DR., 7TH FLOOR MIAMI, FL 33133				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
8. The above	named entity submits this statement for	d office or	registered agent, or bo	th, in the State of FI		l amiliar with, a	ind accept			
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										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE	DCEO Defete TITL				☐ Change ☐ Addition					
NAME STREET ADDRESS	MURPHY, THOMAS P JR. SS 790 NORTHWEST 107TH.AVE., STE. 308			T ADDRESS 1*	5959 BLUE LAGOON DR., SUITE 200					
CITY-ST-ZIP				ST-ZIP						
TITLE	PD Delete TITL					-		Change	Addition	
NAME	WHITEMAN, DAN			FORD FILLER ACCOUNTS SOUTH TO THE						
STREET ADDRESS CITY-ST-ZIP	,									
TITLE	ST ADelete IIILE									
NAME	VAUGHN, RON									
				T ADDRESS	5959 BLU	E LAGOON	$_{ m J}$ $_{ m DR.}_{ m O}$	Duite	200	
CHTY-ST-ZIP	MIAMI; FL 33172	Пъ	1-	ST-ZIP	MIAMI, FL	- 33126			Addition	
TITLE NAME	V MURPHY, THOMAS C	∟ Delete	NAME		^			Change	AUGINION	
STREET ADDRESS	790 NW 107 AVENUE SUITE 30)8		T ADDRESS	5959 BLUE	E LAGOO	JDR.,	SUINE	200	
CITY-ST-ZIP	MIAMI, FL 33172-		CITY-S	ST-ZIP	MIHMI FI	33126				
TITLE	V SEANIM	☐ Delete	TALE		,		_	Change	☐ Addition	
NAME STREET ADDRESS	MURPHY, SEAN M 790 NW 107TH AVESTE, 308			T ADDRESS	5959 BLUE LAGOON DR., SUITE 200 MIHMI, FL 33126 SCHARGE Addition 5959 BLUE LAGOON DR., Suite 200 MIAMI, FL 33126 SCHARGE Addition 5959 BLUE LAGOON DR., Suite 200					
CITY-ST-ZIP	100 1111 1111 1111 1111 1111 1111 1111 1111			ST-ZIP	MIAMIF	£ 33121	د	į.		
TITLE	AS	☐ Delete	TITLE					Change	Addition	
NAME	PHILBRICK, LYNN		NAME		5959 BU	JE LAGO	ou D	e, <u>S</u> .,,	A 200	
STREET ADORESS CITY-ST-ZIP	790 NW 107TH AVE.,STE. 308			T ADDRESS ST-ZIP	MIAMI, FL	22171	_,	7001	· -	
12 I bereby	certify that the information supplied wit	h this filing does not qualify for	the ever	motions co	ontained in Chanter 11	Florida Statutes	I further certi	fy that the in	formation	
12. I hereby certify that the information supplied with this filling 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.										