
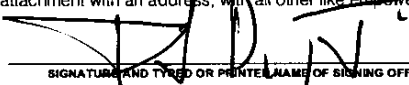


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2006 90058 013 \*\*\*150.00

<b>DOCUMENT # P97000100045</b>			
1. Entity Name <b>COASTAL CONSTRUCTION OF SOUTH FLORIDA, INC.</b>			
Principal Place of Business <b>790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172</b>		Mailing Address <b>790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172</b>	
2. Principal Place of Business <b>5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City &amp; State Miami, FL Zip 33126 Country U.S.A.</b>		3. Mailing Address <b>5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City &amp; State Miami, FL Zip 33126 Country U.S.A.</b>	
6. Name and Address of Current Registered Agent <b>CORPCO, INC. 2699 SOUTH BAYSHORE DR., 7TH FLOOR MIAMI, FL 33133</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	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 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	DCEO MURPHY, THOMAS P JR. 790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEMAN, DAN 790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAUGHN, RON 790 NORTHWEST 107TH AVE., STE. 308 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST ALDERMAN, KEN R. 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, THOMAS C 790 NW 107 AVENUE SUITE 308 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, SEAN M 790 NW 107TH AVE., STE. 308 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PHILBRICK, LYNN 790 NW 107TH AVE., STE. 308 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126
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: 		Date <b>2-1-06</b> Daytime Phone # <b>305-559-4900</b>	