

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010849

FILED
Apr 20, 2004
Secretary of State

Entity Name: COASTLINE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

610 B UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

6790 NW 83RD TERRACE
PARKLAND, FL 33067

Current Mailing Address:

610 B UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

6790 NW 83RD TERRACE
PARKLAND, FL 33067

FEI Number: 65-0815193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEQUERIQUE, RAY
610 B. UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

LEQUERIQUE, MONIQUE
6790 NW 83RD TERRACE
PARKLAND, FL 33067 US

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.

SIGNATURE: MONIQUE LEQUERIQUE

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEQUERIQUE, RAY
Address: 1086 NW 113 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: LEQUERIQUE, MONIQUE
Address: 1086 NW 113 WAY
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEQUERIQUE, RAY
Address: 6790 NW 83RD TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: VP (X) Change () Addition
Name: LEQUERIQUE, MONIQUE
Address: 6790 NW 83RD TERRACE
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIQUE LEQUERIQUE

VP

04/20/2004

Electronic Signature of Signing Officer or Director

Date