

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101886

1. Entity Name

COFFEY COMMERCIAL PROPERTIES, INC.



Principal Place of Business

**1215 SE 2ND AVE
SUITE 201
FORT LAUDERDALE, FL 33316**

Mailing Address

**1215 SE 2ND AVE
SUITE 201
FORT LAUDERDALE, FL 33316**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0890949

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COFFEY, KEVIN M
1215 SE 2ND AVE SUITE 201
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

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**

**000000444485
03/07/06-00005-002 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME COFFEY, KEVIN M
STREET ADDRESS 1337 AVOCADO ISLE
CITY-ST-ZIP FORT LAUDERDALE, FL 33315**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Coffey, MGR 2-16-01 954 525 9695