

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000067827

Entity Name: COASTLAND DEVELOPMENT, INC.

**FILED**  
**Jun 23, 2008**  
**Secretary of State**

### **Current Principal Place of Business:**

4263 NW 1ST AVENUE  
BOCA RATON, FL 33431

### **New Principal Place of Business:**

12040 NW 18 STREET  
PLANTATION, FL 33323

### **Current Mailing Address:**

4263 NW 1ST AVENUE  
BOCA RATON, FL 33431

### **New Mailing Address:**

12040 NW 18 STREET  
PLANTATION, FL 33323

FEI Number: 65-0939201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

PETRILLO, ANTHONY L  
12040 NW 18 STREET  
PLANTATION, FL 33323 US

### **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PETRILLO, ANTHONY L  
Address: 4000 NW 116TH TERR  
City-St-Zip: SUNRISE, FL 33323

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: PETRILLO, ANTHONY L  
Address: 12040 NW 18 STREET  
City-St-Zip: PLANTATION, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY PETRILLO

PRES

06/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date