


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90077 019 ***150.00

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|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000091178 1. Entity Name DANIA COASTER, INC. |  |
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|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 312 SE 17 ST 2ND FL FT LAUDERDALE, FL 33316 | Mailing Address 312 SE 17 ST 2ND FL FT LAUDERDALE, FL 33316 |
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94028882



01262004 No Chg-P CR2E034 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0996084 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SAAVEDRA, DAMASO W ESQ 312 SE 17 ST 2ND FL FT LAUDERDALE, FL 33316 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| | |
|----------------------------------------------------|------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROSS, JULES 312 SE 17 ST, 2ND FLOOR FT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **984 646 9604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #