2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# 349269

Entity Name: GOLD COAST BEVERAGE DISTRIBUTORS, INC.

Current Principal Place of Business:

3325 NW 70TH AVE
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

44 COCOANUT ROW
SUITE T-8
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1264956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS M. LEVIN
1751 NW 12TH AVE
POMPANO BEACH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	LEVIN, STEPHEN A	
Address:	44 COCONUT ROW, STE T-8	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	TASD	( ) Delete
Name:	SWEREN, MARTIN	
Address:	44 COCONUT ROW, STE T-8	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	COO	( ) Delete
Name:	FERNANDEZ, ALFONSO G	
Address:	3325 NW 70 AVE.	
City-St-Zip:	MIAMI, FL 33122	
Title:	P	( ) Delete
Name:	FRIEDMAN, ARTHUR	
Address:	1751 N.W. 12TH AVE.	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	S	( ) Delete
Name:	LEVIN, ROSS M	
Address:	1751 NW 12TH AVE	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	VC	( ) Delete
Name:	LEVIN, ERIC T	
Address:	3325 NW 70 AVE.	
City-St-Zip:	MIAMI, FL 33122	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	FERNANDEZ, ALFONSO G	
Address:	3325 NW 70 AVE.	
City-St-Zip:	MIAMI, FL 33122	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN SWEREN TREA 02/14/2007

Electronic Signature of Signing Officer or Director — Date