

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000795

**FILED
Jan 03, 2005
Secretary of State**

Entity Name: GOLD COAST ACQUISITIONS, INC.

Current Principal Place of Business:

980 NORTH FEDERAL HIGHWAY
SUITE #310
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 NORTH FEDERAL HIGHWAY
SUITE #310
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1070008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKERIS, ROBERT L ESQ.
400 SOUTH DIXIE HIGHWAY
SUITE #110
BOCA RATON, FL 33432 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: D () Delete
Name: LEEDS, LUZ MARLENE
Address: 775 ORIOLE CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: LEEDS, MARSHALL T
Address: 775 ORIOLE CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: LEEDS, MARSHALL T
Address: 775 ORIOLE CIRCLE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARSHALL T LEEDS

PD

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date