
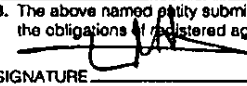
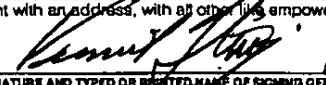


Amended 10f2

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN 15 04-18-2005 90295 016 ***150.00

DOCUMENT # P99000094302					
1. Entity Name GOLD COAST Warbird Adventures, Inc.					
Principal Place of Business 12780 HICKORY ROAD NORTH MIAMI, FL 33181			Mailing Address 12780 HICKORY ROAD NORTH MIAMI, FL 33181		
2. Principal Place of Business 13727 S.W. 152nd St. Suite, Apt. #, etc. #124 City & State Miami, FL Zip 33177 Country USA		3. Mailing Address 13727 S.W. 152nd St. Suite, Apt. #, etc. #124 City & State Miami, FL Zip 33177 Country USA		01242005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0963160		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLOUCHA, L M C/O ATKINSON, DINER, STONE, ET AL, P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name L.M. Ploucha Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, 14th Fl 100 S.E. 3rd Avenue City Fort Lauderdale FL Zip Code 33194		
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  L.M. Ploucha DATE 4/15/2005 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRADO, VINCENT III 12780 HICKORY ROAD NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PST Vincent Tirado, III 13727 S.W. 152nd Street, #124 Miami, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I's, empowered.					
SIGNATURE:  President		Date: 1/21/05		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2 of 2

ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.

ATTORNEYS AT LAW
ONE FINANCIAL PLAZA
100 SOUTHEAST 3RD AVENUE
SUITE 1400
FT. LAUDERDALE, FL 33394-0030
WWW.ATKINSON-DINER.COM

LAWRENCE M. PLOUCHA
lmp@atkinson-diner.com

BROWARD: (954) 925-5501 ext.1347
MIAMI-DADE: (305) 944-1882 ext.1347
FAX: (954) 920-2711

June 8, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gold Coast Warbird Adventures, Inc.

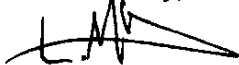
To whom it may concern:

The enclosed materials were recently sent to me as registered agent for the captioned corporation. Apparently, a 2005 annual report for this corporation was filed on April 8, 2005. That report, however, was intended to have been superseded by a report sent to you later that month. On the subsequent report, both the mailing address of the company and my mailing address were revised. Because of the earlier filing, you declined to file the later version and suggested we apply for a refund of the filing fee.

We would like to have the information contained in the updated form reflected in the official records of your Department. Please advise how this should best be accomplished. If it were possible to update the address information and also refund the filing fee, that would also be nice.

Please call me with any questions or comments.

Sincerely,



L.M. Ploucha

LMP:nlc
Enclosures

cc: Vincent Tirado, III (w/encl.)