

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349269

FILED
Feb 06, 2012
Secretary of State

Entity Name: GOLD COAST BEVERAGE DISTRIBUTORS, INC.

Current Principal Place of Business:

10055 NW 12TH STREET
DORAL, FL 33172 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:

LEVIN, ROSS M
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

OFFICERS AND DIRECTORS:

Title: CD
Name: LEVIN, STEPHEN A
Address: 44 COCOANUT ROW, STE T-8
City-St-Zip: PALM BEACH, FL 33480

Title: TASD
Name: SWEREN, MARTIN
Address: 44 COCOANUT ROW, STE T-8
City-St-Zip: PALM BEACH, FL 33480

Title: COO
Name: FERNANDEZ, ALFONSO G
Address: 10055 NW 12TH STREET
City-St-Zip: DORAL, FL 33172

Title: CS
Name: LEVIN, ROSS M
Address: 1751 NW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: PC
Name: LEVIN, ERIC T
Address: 10055 NW 12TH STREET
City-St-Zip: DORAL, FL 33172

Title: CEO
Name: SCHWIEP, FRANK
Address: 10055 NW 12TH STREET
City-St-Zip: DORAL, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: MARTIN SWEREN

TREA

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date