

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656025

Entity Name: GOLD COAST GROVES,INC.

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

741 WEST TROPICAL WAY
PLANTATION, FL 333173349

New Principal Place of Business:

Current Mailing Address:

PO BOX 4785
THOUSAND OAKS, CA 91359

New Mailing Address:

FEI Number: 65-0030934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHARCIKN, JOSEPH
1211 THE PLAZA
WEST PALM BEACH, FL 33404 US

Name and Address of New Registered Agent:

KUHARCIK, JOSEPH
1211 THE PLAZA
WEST PALM BEACH, FL 33404 US

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: JOSEPH KUCHARICK

01/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICCOBONO, SIMONE,
Address: P.O. BOX 4785
City-St-Zip: THOUSAND OAKS, CA 91359

Title: ST () Delete
Name: BATUR, ANTOINETTE,
Address: P.O. BOX 4785
City-St-Zip: THOUSAND OAKS, CA 91359

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICCOBONO, SIMONE
Address: P.O. BOX 4785
City-St-Zip: THOUSAND OAKS, CA 91359

Title: ST (X) Change () Addition
Name: BATUR, ANTOINETTE
Address: P.O. BOX 4785
City-St-Zip: THOUSAND OAKS, CA 91359

Title: VD () Change (X) Addition
Name: RICCOBONO, SIMONE
Address: P.O. BOX 4785
City-St-Zip: THOUSAND OAKS, CA 91359

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: SIMONE RICCOBONO

P

01/02/2007

Electronic Signature of Signing Officer or Director

Date