


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 734173
1. Entity Name
FLORIDA GOLD COAST CHAMBER OF COMMERCE, INC.



Principal Place of Business 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS, FL 33154-2013	Mailing Address 1100 KANE CONCOURSE SUITE 210 BAYHARBOR ISLANDS, FL 33154-2013
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0774028	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

COHN, PETER H.
1100 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LADERMAN, LORRAINE 1100 KANE CONCOURSE BAY HARBOR ISLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVALLO, MICHAEL JR. 1100 KANE CONCOURSE BAY HARBOR ISLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHN, PETER 1100 KANE CONCOURSE BAY HARBOR ISLES FL00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTLER, HELEN 9585 HARDING AVENUE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000025251
02/02/04-80099-002 61.25

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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 617, 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 like empowered.

SIGNATURE: *Peter Cohn* President **PETER COHN** 1-29-04 305 866-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #