2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740664

FILED Jun 28, 2004 Secretary of State

Entity Name: FLORIDA GOLDCOAST ASSOCIATION OF THE AMATEUR ATHLETIC UNION OF THE UNITED

STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

15820 NW 37 AV 9124 NW 147 TERRACE

OPA LOCKA, FL 33054 US MIAMI LAKES, FL 33018 US

Current Mailing Address: New Mailing Address:

15820 NW 37 AV PO BOX 540203

OPA LOCKA, FL 33054 US OPA LOCKA, FL 33054 US

FEI Number: 59-6151161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN-BEAMON, ROBIN
15820 NW 37 AV
OPA LOCKA, FL 33054 US
BROWN-BEAMON, ROBIN
9124 NW 147TH TERRACE
MIAMI LAKES, FL 33018 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: ROBIN BROWN-BEAMON 06/28/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: P () Delete Title: () Change () Addition

 Name:
 BOLDIN, CARL
 Name:

 Address:
 10901 SW 24 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 ALVAREZ, DONNA K
 Name:

 Address:
 10901 SW 24 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 BROWN-BEAMON, ROBIN
 Name:

 Address:
 15820 NW 37 AV
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33054 US
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN BROWN-BEAMON DT 06/28/2004