## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H53493

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WELLINGTON, FL 33414

4245 S 57TH AVE #203

GREENACRES, FL 33463

FAUCETT, JOYCE

() Delete

AST

FILED Apr 21, 2006 Secretary of State

**Entity Name:** GOLDCOAST BEEF, INC. **Current Principal Place of Business: New Principal Place of Business:** 2301 N FEDERAL HWY BOCA RATON, FL 33431 US **Current Mailing Address: New Mailing Address:** 2301 N FEDERAL HWY BOCA RATON, FL 33431 US FEI Number: 59-2536608 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TURNER, C. B. 2301 N FÉDERAL HWY BOCA RATON, FL 33431 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCP () Delete Title: (X) Change ( ) Addition TURNER, C.B., TURNER, C.B., Name: Name: 10827 BOCA WOODS LANE 2301 N FEDERAL HWY Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33431 Title: STD Title: ( ) Delete STD (X) Change ( ) Addition Name: TURNER, JOYCE. Name: TURNER, JOYCE, 10827 BOCA WOODS LANE 2301 N FEDERAL HWY Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33431 Title: () Delete (X) Change ( ) Addition VD Title: DP ESTEP, JOHANNAH ESTEP, JOHANNAH Name: Name: 13910 PADDOCK DR 13910 PADDOCK DR Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WELLINGTON, FL 33414

() Change () Addition

SIGNATURE: JOYCE FAUCETT AST 04/21/2006