

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J59156

1. Entity Name

GOLD COAST TREE SERVICE, INC.



FILED

06 APR -5 AM 8:05

Principal Place of Business

150 NW 154TH ST
N. MIAMI BEACH FL 33169

Mailing Address

150 NW 154TH ST
N. MIAMI BEACH FL 33169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2802229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECERRA, ELPIDIO A.
150 NW 154TH ST
N. MIAMI BEACH FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP Delete
NAME: BECERRA, ELPIDIO A.
STREET ADDRESS: 150 NW 154TH ST
CITY-ST-ZIP: N. MIAMI BEACH FL

TITLE: Change Addition
NAME: **600070814036**
STREET ADDRESS: **04/18/06--01043--014**
CITY-ST-ZIP: ****150.00**

TITLE: DST Delete
NAME: BECERRA, GAYLE
STREET ADDRESS: 150 NW 154TH ST
CITY-ST-ZIP: N. MIAMI BEACH FL

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME: *[Signature]*
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: *Elpidio A Becerra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT *3-1-06*
Date Daytime Phone #