2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# K64836

Entity Name: GOLD COAST BENEFITS GROUP, INC.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

New Principal Place of Business:

1717 N. BAYSHORE DR.
1931
MIAMI, FL 33132 US

Current Mailing Address:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

New Mailing Address:

1717 N. BAYSHORE DR.
1931
MIAMI, FL 33132 US

FEI Number: 65-0101206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE J. KING, PA
2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAWRENCE J. KING, PA
1717 N. BAYSHORE DR.
1931
MIAMI, FL 33132 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: LAWRENCE J. KING 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROTH, IRIS J
Address: 2 SOUTH BISCAYNE BLVD., # 3570
City-St-Zip: MIAMI, FL 33131 US

Title: P ( ) Delete
Name: KING, LAWRENCE J
Address: 2 SOUTH BISCAYNE BLVD., # 3570
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROTH, IRIS J
Address: 1717 N. BAYSHORE DR., # 1931
City-St-Zip: MIAMI, FL 33132 US

Title: P (X) Change ( ) Addition
Name: KING, LAWRENCE J
Address: 1717 N. BAYSHORE DR., # 1931
City-St-Zip: MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE J. KING P 04/29/2009
Electronic Signature of Signing Officer or Director Date