

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43529

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GOLD COAST POSTCARDS, INC.

**Current Principal Place of Business:**

6894 LAKE WORTH RD  
STE 207  
LAKE WORTH, FL 33467901 US

**New Principal Place of Business:**

**Current Mailing Address:**

6894 LAKE WORTH RD  
STE 207  
LAKE WORTH, FL 33467901 US

**New Mailing Address:**

FEI Number: 65-0209914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COCCO, MARILYN  
587 CAROLINE AVE.  
W. PALM BEACH, FL 33413 US

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

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:**

Title: P ( ) Delete  
Name: COCCO, MARILYN  
Address: 587 CAROLINE AVE  
City-St-Zip: MIAMI, FL 33413

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARILYN COCCO

P

04/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date