

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43529

**FILED**  
**Mar 14, 2011**  
**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:**

6894 LAKE WORTH RD  
STE 207  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

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

**New Mailing Address:**

6894 LAKE WORTH RD  
STE 207  
LAKE WORTH, FL 33467 US

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COCCO, MARILYN  
Address: 587 CAROLINE AVE  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby 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 all other like empowered.

SIGNATURE: MARILYN COCCO

PRES

03/14/2011

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

\_\_\_\_\_ Date