

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90019 049 ***150.00

DOCUMENT # L52307 1. Entity Name GOLD COIN LAND CORPORATION			
Principal Place of Business 1570 MADRUGA AVENUE SUITE 300 CORAL GABLES, FL 33146 US		Mailing Address 1570 MADRUGA AVENUE SUITE 300 CORAL GABLES, FL 33146 US	
2. Principal Place of Business - No P.O. Box # 5915 Ponce de Leon BLVD. #29		3. Mailing Address 5915 Ponce de Leon BLVD. #29	
Suite, Apt. #, etc. #29		Suite, Apt. #, etc. BLVD. #29	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146		Zip 33146	
Country MIAMI-DADE		Country MIAMI-DADE	
4. FEI Number 65-0186003		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, RAYMOND A 1570 MADRUGA AVENUE #300 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5915 Ponce de Leon BLVD. #29 City CORAL GABLES FL Zip Code 33146	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, BONNIE D 1231 SEASPRAY AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, RAYMOND A 1231 SEASPRAY AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/25/08 305-665-2600 Date Daytime Phone #	