

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 044 ***150.00

DOCUMENT # L67327 1. Entity Name GOLD COAST REPORTING, INC.																											
Principal Place of Business 5011 SE 114 WAY FT LAUDERDALE, FL 33330		Mailing Address 5011 SE 114 WAY FT LAUDERDALE, FL 33330																									
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Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <i>FL - Lauderdale</i>		City & State <i>FL 33330</i>																									
Zip 		Zip 																									
Country 		Country 																									
4. FEI Number 65-0198575		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 WASSERMAN, MARTIN, W 960 ARTHUR GODFREY RD, SUITE 401 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Dara Krovetz</i> Dara Krovetz 4/29/04 954-434-1125 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											