


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L67327 Entity Name GOLD COAST REPORTING, INC.	
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Principal Place of Business 5011 SW 114 WAY FT LAUDERDALE, FL 33330	Mailing Address 5011 SW 114 WAY FT LAUDERDALE, FL 33330
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05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0198575	Applied For 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
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEB 15 4:55:00 PM
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KROVETZ, DARA 5011 SW 114 WAY FT LAUDERDALE, FL
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05/12/05-80002-010 150.00

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IN THIS SPACE**

2. 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: [Signature] 5/9/05 954-434-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #