


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90066 038 \*\*\*150.00

<b>DOCUMENT # L67327</b> 1. 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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**DO NOT WRITE IN THIS SPACE**



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0198575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WASSERMAN, MARTIN W 960 ARTHUR GODFREY RD, SUITE 401 MIAMI BEACH, FL 33139 <i>Dara Krovetz</i> <i>5011 SW 114 Way</i> <i>FT. Lauderdale FL 33330</i>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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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:** *Dara Krovetz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_