


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # M25222 1. Entity Name GOLD COAST FREIGHTWAYS, INC.	
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Principal Place of Business 12250 NW 28TH AVE MIAMI, FL 33167 US	Mailing Address 12250 NW 28TH AVE MIAMI, FL 33167 US
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03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2616944	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, PENNI 12250 NW 28TH AVE MIAMI, FL 33167

**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 _____

**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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U00000101004
04/01/04-80030-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAXWELL, GARY C. 157 WASHINGTON AVE SECAUCUS, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTV JOHNSON, PENNI 910 SW 174TH TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MAXWELL, DALE T. 26 CARRIAGE WAY FREEHOLD, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MOLNAR, ARTHUR 285 PAULANNE TERRACE SECAUCUS, NJ 07094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MAXWELL, ROBERT D 12250 NW 28TH AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Dani M. Johnson* *Secretary* 3/15/04 305-1687-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #