


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M25222 1. Entity Name GOLD COAST FREIGHTWAYS, INC.		
Principal Place of Business 12250 NW 28TH AVE MIAMI, FL 33167 US	Mailing Address 12250 NW 28TH AVE MIAMI, FL 33167 US	
DO NOT WRITE IN THIS SPACE		
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 translating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		<div style="text-align: center;"> <p>100000552581</p> <p>05/15/06-80011-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, GARY C. 157 WASHINGTON AVE SECAUCUS, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTC 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		
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 an other like empowered.		
SIGNATURE: <u>Penni Johnson, CEO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Penni Johnson</u> 305-687-3560 <small>Date</small>