

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M34732

1. Entity Name
GOLD COAST CASTING, INC.



Principal Place of Business
**695 N. STATE ROAD 7
HOLLYWOOD, FL 33021**

Mailing Address
**695 N. STATE ROAD 7
HOLLYWOOD, FL 33021**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0056594** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEVERLY JEAN OVIATT
8001 S.W. 7TH COURT
NORTH LAUDERDALE, FL 33068**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000387507
01/13/06-80030-023 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME GUTIERREZ, GERARDO
STREET ADDRESS 6136 MONROE ST.
CITY-ST-ZIP HOLLYWOOD, FL

TITLE S
NAME ESTRADA, ILEANA G
STREET ADDRESS 6136 MONROE ST.
CITY-ST-ZIP HOLLYWOOD, FL

TITLE P
NAME GUAJARDO, LUIS
STREET ADDRESS 695 N. ST. RD. 7
CITY-ST-ZIP HOLLYWOOD, FL

TITLE D
NAME GUTIERREZ, ROMAN
STREET ADDRESS 695 N. ST. RD. 7
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Luis Guajardo 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #