

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# N03000003328

Entity Name: GOLD COAST AIKIKAI, INC.

Current Principal Place of Business:

8532 SW 8TH ST
282
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

4857 NW 108 CT
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-0763780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZCOITIA, MAITE
115 S ANDREWS AVE, STE 423
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DUMLAO, M. CRISTINA
Address: 4857 NW 108TH CT
City-St-Zip: MIAMI, FL 33178

Title: DS () Delete
Name: AZCOITIA, MAITE
Address: 115 S. ANDREWS AVE, STE 423
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: MACHON, CLARISSA
Address: 11719 BEXLEY DR
City-St-Zip: HOUSTON, TX 77099

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. DUMLAO

DPT

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date