2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001816

FILED May 10, 2005 Secretary of State

Entity Name: FLORIDA GOLDCOAST CHAPTER OF THE 99'S, INC.

Current Principal Place of Business: New Principal Place of Business:

524 S. ANDREWS AVE. SUITE 101N

FORT LAUDERDALE, FL 33301

New Mailing Address: Current Mailing Address:

524 S. ANDREWS AVE. SUITE 101N FORT LAUDERDALE, FL 33301

FEI Number: 59-6496180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORTOLIN, SONIA 524 S. ANDREWS AVE SUITE 101N FORT LAUDERDALE, FL 33301 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete RITTER, REBECA SHEFFMAN, TAMRA Name: Name: 2340 NE 193 STREET Address: 4600 ROYAL PALM AVENUE Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI BEACH, FL 33140

(X) Change () Addition Title: () Delete Title: SHEFFMAN, TAMRA Name: Name: BORTOLIN, SONIA Address: 4600 ROYAL PALM AVENUE Address: 524 S. ANDREWS AVE. STE 101N

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete Title: (X) Change () Addition PACKOUZ, CHANA RITTER, REBECA Name: Name: 3150 SHERIDAN AVE Address: Address: 2340 NE 193 STREET City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI, FL 33180

Title: (X) Delete Title: () Change () Addition

Name: BORTOLIN, SONIA Name: 524 S. ANDREWS AVE, STE 101N Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA BORTOLIN VP 05/10/2005