2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003913

FILED Aug 14, 2007 Secretary of State

Entity Name: FLORIDA GOLD COAST DIVISION OF THE USFA, CORP.

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

3585 MYSTIC POINTE DR SUITE A 1570 MADRUGA AVENUE

AVENTURA, FL 33180 SUITE 209

CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

3585 MYSTIC POINTE DR SUITE A 1570 MADRUGA AVE

AVENTURA, FL 33180 SUITE 209

CORAL GABLES, FL 33146

FFI Number: FEI Number Applied For (X) 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 New Registered Agent: Name and Address of Current Registered Agent:

HIRALDO, MANUEL R HICKEY, HAROLD V 3585 MYSTIC POINTE DR SUITE A 1570 MADRUGA AVENUE AVENTURA, FL 33180 SUITE 209

CORAL GABLES, FL 33146 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: HAROLD V. HICKEY 08/14/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HIRALDO, MANUEL R ELDER, MIKE Name: Name: 3585 MYSTIC POINTE DR SUITE A Address: 1570 MADRUGA AVE Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: CORAL GABLES, FL 33146

Title: VC () Delete Title: (X) Change () Addition COCHRANE, ROBERT MERCADO, ARNOLD Name: Name:

Address: 3585 MYSTIC POINTE DR SUITE A Address: 1570 MADRUGA AVE City-St-Zip: AVENTURA, FL 33180 City-St-Zip: CORAL GABLES, FL 33146

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

Name: HICKEY, HAROLD Name: 1570 MADRUGA AVE Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146

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

Name: Name: LATONA, JASON 1570 MADRUGA AVE Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146

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: HAROLD V. HICKEY S 08/14/2007