

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11384

FILED
Apr 04, 2006
Secretary of State

Entity Name: GOLD COAST MAC, INC.

Current Principal Place of Business:

P.O. BOX 431803
MIAMI, FL 332431803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 431803
MIAMI, FL 332431803 US

New Mailing Address:

FEI Number: 59-2586471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, ESVER
3170 SW 19 STREET
MIAMI, FL 33145 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: S () Delete
Name: PERWIN, ANDRE
Address: 212 MERRICK BLDG
City-St-Zip: MIAMI, FL 33124

Title: T () Delete
Name: CARLON, TED JR
Address: 7145 S.W. 95TH ST.
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: LYNN, ROSE
Address: 16865 NW 78 AVE
City-St-Zip: HIALEAH, FL 33016

Title: P () Delete
Name: CAMACHO, ESVER
Address: 3170 SW 19TH ST.
City-St-Zip: MIAMI, FL 33145

Title: VP () Delete
Name: CARLON, CHARLES
Address: 11350 SW 122 ST
City-St-Zip: MIAMI BEACH, FL 33176

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:

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 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: ESVER CAMACHO

P

04/04/2006

Electronic Signature of Signing Officer or Director

Date