

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90433 036 \*\*\*\*61.25

<b>DOCUMENT # N11384</b> 1. Entity Name <b>GOLD COAST MAC, INC.</b>					
Principal Place of Business P.O. BOX 431803 MIAMI, FL 33243-1803 US			Mailing Address P.O. BOX 431803 MIAMI, FL 33243-1803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMACHO, ESVER 3170 SW 19 STREET MIAMI, FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S PERWIN, ANDRE <input type="checkbox"/> Delete		TITLE	S PERWIN, ANDRE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	212 MERRICK BLDG		NAME	212 MERRICK BLDG	
STREET ADDRESS	MIAMI, FL 33124		STREET ADDRESS	MIAMI FL 33124	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T CARLON, TED JR <input type="checkbox"/> Delete		TITLE	T CARLON, TED JR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7145 S.W. 95TH ST.		NAME	7145 S.W. 95TH ST	
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS	MIAMI FL 33156	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP LYNN, ROSE <input checked="" type="checkbox"/> Delete		TITLE	V CARLON, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	16865 NW 78 AVE		NAME	11350 SW 122 ST	
STREET ADDRESS	HIALEAH, FL 33016		STREET ADDRESS	MIAMI FL 33176	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P CAMACHO, ESVER <input checked="" type="checkbox"/> Delete		TITLE	P PETKOVICH, JOHN JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3170 SW 19TH ST.		NAME	21731 SW 97 CT	
STREET ADDRESS	MIAMI, FL 33145		STREET ADDRESS	CUTLER BAY, FL 33190	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP CARLON, CHARLES <input type="checkbox"/> Delete		TITLE		
NAME	11350 SW 122 ST		NAME		
STREET ADDRESS	MIAMI BEACH, FL 33176		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> <i>John Petkovich Jr</i> <b>JOHN PETKOVICH JR</b> 4/26/2007 305.233.7081 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					