

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11384

FILED
Jul 23, 2008
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:

3170 SW 19 STREET
MIAMI, FL 33145 US

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 ()
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:

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: V () Delete
Name: CARLON, CHARLES
Address: 11350 S.W. 122 ST
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: PETKOVICH, JOHN JR.
Address: 21731 SW 97 CT
City-St-Zip: CUTLER BAY, FL 33190

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: P (X) Change () Addition
Name: PERWIN, ANDRE
Address: 212 MERRICK BLDG
City-St-Zip: MIAMI, FL 33124

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

Title: VP (X) Change () Addition
Name: CARLON, CHARLES
Address: 11350 S.W. 122 ST
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change () Addition
Name: CAMACHO, ESVER JR.
Address: P.O. BOX 431803
City-St-Zip: MIAMI, FL 33145

Title: S (X) Change () Addition
Name: SCHRIER, LAURA
Address: P.O. BOX 431803
City-St-Zip: MIAMI, FL 33243

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: DAVE GAME

DIR

07/23/2008

Electronic Signature of Signing Officer or Director

Date