


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N17096

1. Entity Name
**GOLD COAST PROMOTIONAL PRODUCTS
ASSOCIATION, INC.**



Principal Place of Business 6574 NO STATE RD 7 #252 COCONUT CREEK, FL 33073 US	Mailing Address 6574 NO STATE RD 7 #252 COCONUT CREEK, FL 33073 US
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2737710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PACIFICI, ARLINE
2217 NW 40 AVE
POMPANO BEACH, FL 33066**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	BERGER, STEPHEN G 2450 HOLLYWOOD BLVD STE 105 HOLLYWOOD, FL 33020
TITLE VP	LAZARUS, BILL 2300 OAKLAND PARK BLVD FT LDLE, FL 33308
TITLE D	HAND, SUE 211 NW 93 AVE CORAL SPRINGS, FL 33071
TITLE T	PACIFICI, ARLINE 2217 NW 40 AVE POMPANO BEACH, FL 33066
TITLE D	MANDEL, STU 15959 NW 75 AVE MIAMI, FL 33169
TITLE D	HUBBARD, JERRY 2359 NW 29TH RD BOCA RATON, FL 33431

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03/09/07-80012-003 70.00

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.

SIGNATURE: *Arline Pacifici* **2/25/07** **954-776-5691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #