## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000057500

FILED May 30, 2006 Secretary of State

Entity Name: GOLD COAST INVESTMENTS OF BOCA RATON, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	EDERAL HWY			
450 BOCA RA	TON, FL 3343	1		
	,			
Current Mailing Address:		New Mailing Address:		
	EDERAL HWY		170 NE 2ND STREET	
450 BOCA RATON, FL 33431		P.O. BOX 1361 BOCA RATON, FL 33429		
FEI Numbei	r: 65-1119528	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
COX, ALI				
2234 N FE 450 BOCA RA The above in the Stat	EDERAL HWY TON, FL 3343 e named entity to of Florida.		purpose of changing its registere	d office or registered agent, or both,
2234 N FE 450 BOCA RA The above	EDERAL HWY TON, FL 3343 e named entity to the state of Florida. RE:	submits this statement for the		
2234 N FE 450 BOCA RA The above in the Stat SIGNATU	EDERAL HWY ATON, FL 3343 e named entity are of Florida.  RE: Electror  nce with s. 607.19		ent	d office or registered agent, or both,  Date
2234 N FE 450 BOCA RA The above in the Stat SIGNATU In accordar Election Ca	EDERAL HWY ATON, FL 3343 e named entity are of Florida.  RE: Electror  nce with s. 607.19	submits this statement for the nic Signature of Registered Ag 3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	ent ot receive the prior notice.	
2234 N FE 450 BOCA RA The above in the Stat SIGNATU In accordar Election Ca	EDERAL HWY ATON, FL 3343 e named entity is e of Florida.  RE:  Electror nce with s. 607.19 impaign Financing ES AND DIRECTOR COX, ALICIA A	submits this statement for the nic Signature of Registered Ag 3(2)(b), F.S., the corporation did ng Trust Fund Contribution ( ). TORS:  ) Delete  RAL HWY STE. 450	ent ot receive the prior notice.	Date

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA A. COX D 05/30/2006