


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000073940					
1. Entity Name GOLD COAST FACTORING CORPORATION					
Principal Place of Business NIDA CARE CORP 549 NW INTERPARK PL PORT SAINT LUCIE FL 34986 US			Mailing Address NIDA CARE CORP 549 NW INTERPARK PL PORT SAINT LUCIE FL 34986 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1126143	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NIDA-CORE CORP. 541 NW INTERPARK PL PORT SAINT LUCIE FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO JACQUINET, DAMIEN 541 NW INTERPARK PL PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000565276 05/20/06-80121-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)

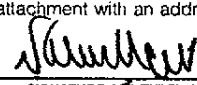
4. FEI Number **65-1126143** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

1000000565276
05/20/06-80121-010 150.00

ENTERED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

Daytime Phone