


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90002 049 ***150.00

DOCUMENT # P01000078184	
1. Entity Name GOLD COAST IMPORTING, INC.	

Principal Place of Business 8080 CLEARY BLVD., APT. 802 PLANTATION FL 33324	Mailing Address 8080 CLEARY BLVD., APT. 802 PLANTATION FL 33324
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2. Principal Place of Business 4300 N. UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351	3. Mailing Address 4300 N. UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351
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City & State LAUDERHILL, FL 33351	City & State LAUDERHILL, FL 33351
Zip 33351	Country Broward



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent WOHLFEILER, SUZANNE 8080 CLEARY BLVD., APT. 802 PLANTATION FL 33324	7. Name and Address of New Registered Agent Name: Joel F. Greenberg, FSG Street Address (P.O. Box Number is Not Acceptable): 4300 N. UNIVERSITY DR SUITE D-106 City: LAUDERHILL, FL 33351 FL Zip Code
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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: Joel F. Greenberg, FSG DATE: 3/30/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLFEILER GREENBERG, SUZANNE 8080 CLEARY BLVD., APT. 802 PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne W. Greenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 N. UNIVERSITY DR SUITE D-106 LAUDERHILL, FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Suzanne W. Greenberg DATE: 4/30/04 PHONE: 954-741-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR