

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095924

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: GOLD COAST MORTGAGE GROUP, INC.

## Current Principal Place of Business:

5499 N FEDERAL HWY STE J  
BOCA RATON, FL 33487

## New Principal Place of Business:

4400 NO FEDERAL HWY STE 35  
BOCA RATON, FL 33431

## Current Mailing Address:

5499 N FEDERAL HWY STE J  
BOCA RATON, FL 33487

## New Mailing Address:

4400 NO FEDERAL HWY STE 35  
BOCA RATON, FL 33431

FEI Number: 03-0481830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MIKOLICH, PATRICIA  
Address: 5499 N FEDERAL HWY STE J  
City-St-Zip: BOCA RATON, FL 33487

Title: VSD (X) Delete  
Name: MIKOLICH, ANDREW  
Address: 5499 N FEDERAL HWY STE J  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: MIKOLICH, PATRICIA  
Address: 4400 NO FEDERAL HWY STE 35  
City-St-Zip: BOCA RATON, FL 33431

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA M. MIKOLICH

PTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date