

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105643

FILED
Apr 28, 2004
Secretary of State

Entity Name: GOLD COAST HOME INSPECTIONS, INC.

Current Principal Place of Business:

41 NW 56TH STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

41 NW 56TH STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 51-0428108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, DOUG
41 NW 56TH STREET
FORT LAUDERDALE, FL 33309

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: V () Delete
Name: PEREZ, TERESA J MRS
Address: 41 NW 56TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, DOUG MR
Address: 41 NW 56TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Change (X) Addition
Name: PEREZ, TERESA J MRS
Address: 41 NW 56TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

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: DOUG PEREZ

P

04/28/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date