

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110514

1. Entity Name
GOLD COAST FINANCIAL, INC.



Principal Place of Business
1800 S OCEAN BLVD #409
POMPANO BCH, FL 33062

Mailing Address
1800 S OCEAN BLVD #409
POMPANO BCH, FL 33062

DO NOT WRITE IN THIS SPACE

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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1866154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOSKALENKO, VICTOR
1800 S OCEAN BLVD #409
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

400027769594
01/29/04--01025--018 **150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400027769594
01/29/04--01025--019 **8.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKALENKO, VICTOR 1800 S OCEAN BLVD #409 POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEMEUMAN-MOSKALENKO, SOFI 1800 S OCEAN BLVD #409 POMPANO BEACH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V. Moskalenko / V. MOSKALENKO 18 JANUARY 2004 (954) 783-5434