

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078941	
1. Entity Name GOLD COAST PAINTING, CORP.	

Principal Place of Business 9117 NW 119TH TERRACE HIALEAH, FL 33018	Mailing Address 9117 NW 119TH TERRACE HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, ADOLFO
9117 NW 119TH TERRACE
HIALEAH, FL 33018**

**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

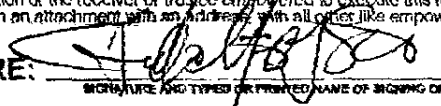
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HERNANDEZ, ADOLFO 9117 NW 119TH TERRACE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HERNANDEZ, MARVIN E 9117 NW 119TH TERRACE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MENA, EDITH R 9117 NW 119TH TERRACE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

100000448294
03/09/06 00009-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **2/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____