

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90068 006 \*\*\*150.00

**DOCUMENT # P03000132044**

1. Entity Name

GOLD COAST DSL INC.



Principal Place of Business

5151 W RIO VISTA AVE  
TAMPA FL 33634  
US

Mailing Address

5151 W RIO VISTA AVE  
TAMPA FL 33634  
US

54029945



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0388013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YALDOR, MARTINE  
5151 W RIO VISTA AVE  
TAMPA, FL FL 33634

7. Name and Address of New Registered Agent

Name **FRANK F. WIRGES, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**1346 W FLETCHER AVE**

City

**TAMPA**

FL

Zip Code

**33612**

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)

DATE

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME YALDOR, RYAN  
STREET ADDRESS 5151 W RIO VISTA AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE VP ☐ Delete  
NAME HEINZ, BILL  
STREET ADDRESS 5151 W RIO VISTA AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE P ☐ Delete  
NAME YALDOR, MARTINE  
STREET ADDRESS 5151 W RIO VISTA AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE CEO ☐ Delete  
NAME YALDOR, MULI  
STREET ADDRESS 5151 W RIO VISTA AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martine Yaldor 3/31/04 813-880-0800

Date

Daytime Phone #