

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016319

FILED
Apr 30, 2008
Secretary of State

Entity Name: GOLD COAST STAFFING, MANAGEMENT AND CONSULTING, INC.

Current Principal Place of Business:

6169 JOG ROAD
SUITE A 11
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6169 JOG ROAD
SUITE A 11
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2280456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEINSTEIN, SETH T. ESQ.
11440 OKEECHOBEE BLVD., STE. 104
ROYAL PALM BEACH, FL 33411 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: D () Delete
Name: WHITE, BRUCE
Address: 4475 DANIELSON DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: GRAVES, MICHAEL
Address: 11742 PARADISE COVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GRAVES, MICHAEL
Address: 6169 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL GRAVES

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date