2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092449

Entity Name: GOLDCOAST MANAGEMENT ASSOCIATES, INC.

FILED Jan 21, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
2500 E HA STE QR	LLANDALE BE	EACH BLVD				
	ALE, FL 33009	Ð				
Current Mailing Address:			New Maili	New Mailing Address:		
2500 E HALLANDALE BEACH BLVD STE QR						
	ALE, FL 3300	9				
FEI Number: 65-0558885 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
4000 HOLI	ROBERT M LYWOOD BLV DOD, FL 3302	D SUITE 485-SOUTH 1 US				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Ager			ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BERNSTEIN, S	OOD BLVD SUITE 485-SOUTH	Title: Name: Address: City-St-Zip:	BERNSTEIN,	WOOD BLVD SUITE 485-SOUTH	
Title: Name: Address: City-St-Zip:	BENEZRA, CIL	OOD BLVD SUITE 485-SOUTH	Title: Name: Address: City-St-Zip:	GOULD, PHII	WOOD BOULEVARD SUITE 485-SOUTH	
Title: Name: Address: City-St-Zip:	ROTH, LEON	Delete OOD BLVD SUITE 485-SOUTH FL	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOULD, PHILIF	OOD BLVD SUITE 485-SOUTH	Title: Name: Address: City-St-Zip:	1	()Change ()Addition	

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: PHILIP GOULD PRES 01/21/2005