

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000092449
 1. Entity Name
 GOLDCOAST MANAGEMENT ASSOCIATES, INC.



Principal Place of Business 2500 E HALLANDALE BEACH BLVD STE QR HALLANDALE, FL 33009	Mailing Address 2500 E HALLANDALE BEACH BLVD STE QR HALLANDALE, FL 33009
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01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0558885	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent
 KRAMER, ROBERT M
 4000 HOLLYWOOD BLVD SUITE 485-SOUTH
 HOLLYWOOD, FL 33021

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-ST-ZIP	TD BERNSTEIN, STANLEY 4000 HOLLYWOOD BLVD SUITE 485-SOUTH HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, PHILIP 4000 HOLLYWOOD BOULEVARD SUITE 485-SOUTH HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, LEON 4000 HOLLYWOOD BLVD SUITE 485-SOUTH HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/07/07-80072-003 150.00

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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: Philip Gould 1/31/07 98445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2902