

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092449

FILED
Feb 05, 2009
Secretary of State

Entity Name: GOLDCOAST MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

2500 E HALLANDALE BEACH BLVD
STE QR
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 E HALLANDALE BEACH BLVD
STE QR
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0558885 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: PD () Delete
Name: GOULD, PHILIP
Address: 4000 HOLLYWOOD BOULEVARD SUITE 485-SOUTH
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: ROTH, LEON
Address: 4000 HOLLYWOOD BLVD SUITE 485-SOUTH
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PHILIP GOULD

PD

02/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date