
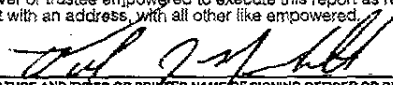


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000009897			
1. Entity Name GOLD COAST TELECOM, INC.			
Principal Place of Business 1816 SW 7TH AVE POMPAÑO BEACH, FL 33060		Mailing Address 1816 SW 7TH AVE POMPAÑO BEACH, FL 33060	
DO NOT WRITE IN THIS SPACE			
		04262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0637660	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MORTILLA, PAUL J 1816 SW 7TH AVE POMPAÑO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000141927 04/30/04-80032-004 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	MORTILLA, PAUL J		
STREET ADDRESS	1816 SW 7TH AVE		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE	VP		
NAME	LETA, JOHN		
STREET ADDRESS	1816 S.W. 7TH AVE.		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		4-28-04 954-943-1315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	