2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: L

Secretary of State DOCUMENT # P96000098638 02-15-2008 90010 014 ***150.00 GOLDCOAST BALLROOM, INC. Principal Place of Business Mailing Address 1415 LYONS RD 1415 LYONS RD COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 3. Mailing Address CO TAX Help INC 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 CR2E034 (12/06) 730 S. Febenal City & State City & State 4. FEI Number Applied For DELPAY BEACH, FL 65-0717975 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 34 u.CA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W.J. TREMBLAY MUNNO, VINCENT Street Address (P.O. Box Number is Not Acceptable) **1415 LYONS RD** COCONUT CREEK, FL 33063 1730 S. FRORMAL HWY. City DeLRAY BEACH 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 regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE P. S. T. D. TITLE ☐ Change **Addition** NAME SANDLER, JEFFREY NAME 515 N. VICTORIA PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MUNNO, VINCENT NAME NAME 515 N. VICTORIA PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 people that 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 people are contained 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.

DAYFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 15, 2008 8:00 am

Daytime Phone #