## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000048478

City-St-Zip:

POMPANO BEACH, FL 330625

**Entity Name:** GOLD COAST AUTO FINANCE, INC.

FILED Jan 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 855 S FEDERAL HIGHWAY 855 S FEDERAL HIGHWAY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 US **Current Mailing Address: New Mailing Address:** 855 S FEDERAL HIGHWAY 855 S FEDERAL HIGHWAY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 US FEI Number: 65-0436052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACCARDI, EDMUND 855 S FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition

ACCARDI, EDMUND Name: Name: ACCARDI, EDMUND 855 S FEDERAL HIGHWAY 855 S FEDERAL HIGHWAY Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 US Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition Name: ASTI, MONTE Name: ASTL MONTE 855 S FEDERAL HIGHWAY 855 S FEDERAL HIGHWAY Address: Address: POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 US City-St-Zip: City-St-Zip: Title: Title: DST (X) Delete () Change () Addition ACCARDI, JOSEPH Name: Name: 855 S FEDERAL HIGHWAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: EDMUND ACCARDI **PSTD** 01/03/2007