2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000091230

1. Entity Name
GOFERS CLUB, INC.



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

20350 W COUNTRY CLUB DR

STE 121-4 AVENTURA, FL 33180 Mailing Address

20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180



04182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3867485

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIRNFELD, JOSEPH 20350 W COUNTRY CLUB STE 4-121 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

	,			IN	I HIS SPACE	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			000000913943 05/08/08-80036-016 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRNFELD, JOSEPH 20250 W COUNTRY CLUB DR STE 12 AVENTURA, FL 33180	21-4			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIRNFELD, VERA 20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180			·		
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TITLE NAME STREET ADORESS CITY-ST-ZIP	T ALFANDARY, IVONNE 20350 W COUNTRY CLUB DR STE 12 AVENTURA, FL 33180	21-4		IN THIS SPACE		
TITLE NAME						

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 others.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/18/08

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