

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103801

FILED
May 20, 2008
Secretary of State

Entity Name: GOALS BUSINESS & SERVICES, INC

Current Principal Place of Business:

4040 WEST PALM AIR DR.
POMPANO BEACH, FL 33069

New Principal Place of Business:

4221 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

Current Mailing Address:

4040 WEST PALM AIR DR.
POMPANO BEACH, FL 33069

New Mailing Address:

4221 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

FEI Number: 04-3713968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGUEL SALAZAR
4040 WEST PALM AIR DR.
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

MIGUEL SALAZAR
4221 WEST MCNAB ROAD
POMPANO BEACH, FL 33069 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: MIGUEL SALAZAR

05/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SALAZAR, MIGUEL
Address: 4040 WEST PALM AIR DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CACERES, OSCAR E
Address: 4221 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPS () Change (X) Addition
Name: SALAZAR, MIGUEL
Address: 4221 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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: MIGUEL SALAZAR

VP

05/20/2008

Electronic Signature of Signing Officer or Director

Date