

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 018 ***150.00

0361828 AV

DOCUMENT # P02000103801

1. Entity Name
GOALS BUSINESS & SERVICES, INC



Principal Place of Business
1290 WESTON RD., SUITE 306
WESTON FL 33326

Mailing Address
1290 WESTON RD., SUITE 306
WESTON FL 33326

11041733



2. Principal Place of Business
150 BONAVENTURE BLVD.
Suite, Apt. #, etc.
109

3. Mailing Address
150 BONAVENTURE BLVD.
Suite, Apt. #, etc.
109

CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL.

City & State
WESTON, FL

4. FEI Number
04-3713968

Applied For
Not Applicable

Zip 33326 Country USA

Zip 33326 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GBS CONSULTANTS
1290 WESTON RD., SUITE 306
WESTON FL 33326

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIAZ, MARIA <input checked="" type="checkbox"/> Delete 1290 WESTON RD., SUITE 306 WESTON FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, MIGUEL <input type="checkbox"/> Delete 1290 WESTON RD., SUITE 306 WESTON FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, MIGUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 BONAVENTURE BLVD. #109 WESTON, FL. 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03
Date

Daytime Phone #

CR2E034 (10/02)