

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 002 \*\*\*150.00

**DOCUMENT # L88661**

1. Entity Name

**PARKER FLAGS & PENDANTS, INC.**



Principal Place of Business

1920 E HALLANDALE BEACH BLVD  
501  
HALLANDALE FL 33009  
US

Mailing Address

1920 E HALLANDALE BEACH BLVD  
501  
HALLANDALE FL 33009  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0664352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, JOSEPH G  
20281 E. COUNTRY CLUB DR., #615  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **JANE E. GOLD**

Street Address (P.O. Box Number is Not Acceptable)

**20900 LEEWARD CT**

**APT 218**

City **AVENTURA**

FL Zip Code **33180**

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 **JANE GOLD**

Signature, typed or printed name of registered agent and title if applicable

*Jane Gold*

NOTE: Registered Agent Signature required when re-appointing

**4/20/06**

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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 **P** ☒ Delete  
NAME **GOLD, JOSEPH G**  
STREET ADDRESS **20281 E. COUNTRY CLUB DR., #615**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **P** ☐ Delete  
NAME **JANE E. GOLD**  
STREET ADDRESS **20900 LEEWARD COURT #218**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **JOSEPHINE GOLD**  
STREET ADDRESS **20281 E. COUNTRY CLUB DR #615**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/06**

Date

**954454-0060**

Daytime Phone #