

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000002253

1. Entity Name
GOLDBERG COMPANIES, INC.



Principal Place of Business
25101 CHAGRIN BOULEVARD, SUITE 300
SIGNATURE SQUARE II
BEACHWOOD, OH 44122

Mailing Address
25101 CHAGRIN BOULEVARD, SUITE 300
SIGNATURE SQUARE II
BEACHWOOD, OH 44122



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-0754969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, LARRY
13285 DEAUVILLE
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS 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 Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE CP
NAME GOLDBERG, LARRY
STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300
CITY- ST- ZIP BEACHWOOD, OH 44122

TITLE VCV
NAME GOLDBERG, JORDAN
STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300
CITY- ST- ZIP BEACHWOOD, OH 44122

TITLE DV
NAME BELL, ERIC
STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300
CITY- ST- ZIP BEACHWOOD, OH 44122

TITLE DS
NAME BELL, ERIC
STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300
CITY- ST- ZIP BEACHWOOD, OH 44122

TITLE T
NAME JUERGENS, BRUCE
STREET ADDRESS 25101 CHAGRIN BOULEVARD, SUITE 300
CITY- ST- ZIP BEACHWOOD, OH 44122

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

06/18/07-80003-009 150.00

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IN THIS SPACE**

05/18/07-80043-009 150.00

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 other like empowered

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/07 Daytime Phone #