


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 004 ***150.00

DOCUMENT # 270658		
1. Entity Name GARBER & GOODMAN ADVERTISING INC.		

Principal Place of Business 301 41ST STREET MIAMI BEACH, FL 33140 US	Mailing Address 301 41ST STREET MIAMI BEACH, FL 33140 US
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40018641

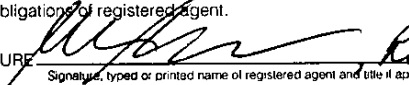


2. Principal Place of Business - No P.O. Box # 300 41st Street, #214	3. Mailing Address 300 41st Street
Suite, Apt. #, etc. #214	Suite, Apt. #, etc. #214
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33140	Zip 33140
Country US	Country US

01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GOODMAN, ROBERT 301 41ST STREET MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent	
Name Robert Goodman	
Street Address (P.O. Box Number is Not Acceptable) 300 41st Street, #214	
City Miami Beach	FL Zip Code 33140

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.	DATE 1/4/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOODMAN, ROBERT 5640 COLLINS AVE. PH E MIAMI BEACH, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Robert Goodman, President Date 1/4/07 Daytime Phone # (305) 673-5177
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