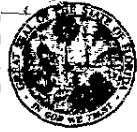


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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



04212005 No Chg-P CR2E034 (10/03)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	CP GOLDBERG, LARRY 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV GOLDBERG, JORDAN 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, ERIC 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RABER, CHARLES 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUERGENS, BRUCE 25101 CHAGRIN BOULEVARD, SUITE 300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80075-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 4-26-05 DAYTIME PHONE #: 216-831-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR