


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # G99812

1. Entity Name
GOELMAN ENTERPRISES, INC.



Principal Place of Business Mailing Address

KOSHER MAGIC KOSHER MAGIC
1839 MIAMI GARDENS DRIVE 1839 MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US NORTH MIAMI BEACH, FL 33179 US

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2404102 Applied For: Not Applicable

5. Certificate of Status Des rec \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOELMAN CHANOCH
1839 MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179

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 file a certificate. (NOTE: Registered Agent's name is required on this statement.) DATE

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

9. Elect on Campaign Financing: \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
TITLE	PGTD
NAME	GOELMAN, CHANOCH
STREET ADDRESS	1839 NE MIAMI GARDENS DR.
CITY-STATE-ZIP	N. MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000347911
05/02/05-80004-003 150.00

DO NOT WRITE IN THIS SPACE

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 fees and charges.

SIGNATURE: _____ DATE: APRIL 26/05 305 9326687

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR