2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # K25088 02-15-2007 90045 012 ***158 75 GOLDENBERG EDITING SERVICES, INC. Principal Place of Business Mailing Address 4UU LOUU 6 **GOLDENBERG EDITING SERVICES INC. GOLDENBERG EDITING SERVICES INC.** 1071 NE 175 STREET -1071 NE 175 STREET-MIAMI, FL 33162-1236 MIAMI, FL-33162-1236-7325 (Suite, Apt. #, etc 02132007 CR2E034 (12/06) 4. FEI Number Applied For 65-0050115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Registered Agent 7. Name and Address of New Registered Agent GOLDENBERG, PHYLLIS 1071 NE-175-ST. MIAMI, FL 33162 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 reinstitling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPV-Change ☐ Addition TITLE Delete TITLE GOLDENBERG, PHYLLIS 1071 NE 1775 ST NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL City-St-7iP CHY-ST-ZIP TITLE ☐ Delete TITLE GOLDENBERG, ELAINE J NAME 1071 NE 175 ST STREET ADDRESS SURFEIT ADDRESS. CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delote TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete nne Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

FILED