## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 22, 2007 08:00 AM **DOCUMENT # K35631 Secretary of State** GOLDKUP INVESTMENTS, INC. Principal Place of Business Mailing Address 7141 LIONS HEAD LANE % E. I. GOLDBERG 7141 LIONS HEAD LN BOCA RATON, FL 33496 BOCA RATON, FL. 33496 No Chg-P 01152007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0073759 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GOLDBERG, EARL I. 7141 LIONS HEAD LANE BOCA RATON, FL 33496 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 Rorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILLE NAME KUPFERBERG, IRVING STREET ADORESS 1202 PEARL CT CITY-ST-ZIP TWIN LAKES, WI 53181 DST GOLBERG, EARL I NAME <u>U</u>QQQQQS96483 7141 LIONSHEAD LN 01/23/07-80081-010 150.00 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attactpyent with an address, which applyed the empowered.

SIGNATURE: L

STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

TALL I GOLOBS

WE AND TYPED OR PROTEST NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

561.4877517

**FILED**