

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002968

1. Entity Name
GOLDIE'S GANG, INC.



Principal Place of Business

**565 WILLOW BEND
WESTON, FL 33327**

Mailing Address

**565 WILLOW BEND
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1100653

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, STEVEN
565 WILLOW BEND
WESTON, FL 33327**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstating)

1/7/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDSTEIN, STEVEN
STREET ADDRESS	565 WILLOW BEND
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	GOLDSTEIN, DANA
STREET ADDRESS	565 WILLOW BEND
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	ALBERTS, DORENE
STREET ADDRESS	20295 NORTHWEST SECOND AVENUE THIRD FLOOR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	ROSE, JOE
STREET ADDRESS	20295 NORTHWEST SECOND AVENUE THIRD FLOOR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80074-014 61.25

**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 617, 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

Date

1/7/05

Daytime Phone #

954-292-2800