

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002968

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: GOLDIE'S GANG, INC.

**Current Principal Place of Business:**

206 LANDINGS BLVD.  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

206 LANDINGS BLVD.  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 65-1100653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOLDSTEIN, STEVEN  
206 LANDINGS BLVD  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOLDSTEIN, STEVEN  
Address: 206 LANDINGS BLVD  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: GOLDSTEIN, DANA  
Address: 206 LANDINGS BLVD  
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete  
Name: ALBERTS, DORENE  
Address: 20295 NORTHWEST SECOND AVENUE THIRD FLOOR  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: GOLDSTEIN, JOEL  
Address: 6126 DUSENBERG RD  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: ROSE, JOE  
Address: 318 INDIAN TRACE #278  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORENE ALBERTS

OFF

02/02/2009

Electronic Signature of Signing Officer or Director

Date