

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 039 ***158.75

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01182005 Chg-NP CR2E037 (10/03)

DOCUMENT # N46608 1. Entity Name GODUS, INC.																																																																											
Principal Place of Business 3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137-3804			Mailing Address 3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137-3804																																																																								
2. Principal Place of Business		3. Mailing Address																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																									
City & State		City & State		4. FEI Number 65-0302167																																																																							
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																								
FREEMON, VELDRIN DEE 3050 BISCAYNE BLVD. SUITE 100 MIAMI, FL 33137			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																								
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 <u><i>Veldrin Dee Freeman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																											
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing "Trust Fund Contribution." <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																							
Make check payable to Florida Department of State																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 25%; text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td></td> <td>PD WYATT, BELITA E</td> <td>20840 SAN SIMEON WAY, #307</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td></td> <td>VD FREEMON, VELDRIN D</td> <td>2098 SW 185TH AVE.</td> <td>MIRAMAR, FL 33029</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>ST HARRIS, GARRIE</td> <td>520 SW 111TH AVE., #204</td> <td>PMEBROKE PINES, FL 33025</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		PD WYATT, BELITA E	20840 SAN SIMEON WAY, #307	MIAMI, FL 33179			VD FREEMON, VELDRIN D	2098 SW 185TH AVE.	MIRAMAR, FL 33029	<input type="checkbox"/> Delete		ST HARRIS, GARRIE	520 SW 111TH AVE., #204	PMEBROKE PINES, FL 33025	<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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: <u><i>Darlene G. Harris</i></u> 2/8/05 305-573-0333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																											