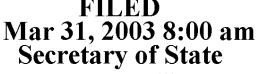
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000069789 DOCUMENT # 1. Entity Name

GOLDMARK BUILDERS, INC.



FILED								
ar 31, 2003 8:00 am	5901							
ecretary of State	A							
03-31-2003 90126 027 ***150.00	<							

				,	,	COO WE THE	'					
Principal Place of Business 2201 W ATLANTIC AVE DELRAY BEACH FL 33445			Mailing Address 2201 W ATLANTIC AVE DELRAY BEACH FL 33445									
Principal Place of Business 3. Mailing Address										i 1515 (156)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\dashv	CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-1037517 Applied For Not Applicable				
Zip Country			Zip Country			itry	5.	Certificate of Status Desired (3.75 Add	ditional	1
	6. Name an	d Address of Current	t Registered Agent				7.	Name and Address of New Regis				┨
		The second of the		· 4.	· ·	Name	- Sanda					1
NUCCILLI 2201 W A	I, MARK ATLANTIC AVE					Street Addre	ess (P.O. E	Box Number is Not Acceptable)				-
	BEACH FL 334	45									<u></u>	1
4£						City			FL	Zip Code	e]
	e named entity so tions of registere		r the purpo	se of changing its	register	ed office or reg	istered ag	ent, or both, in the State of Florida	. I am fam	iliar with,	and accept	
SIGNATURE .	Signature hander p	rinted name of registered agent a	and title if contin	noble (NOT	C. Dowistoro	d Agent signature red	ruikad whan ra	Shorteford	DATE			
	Signature, types or p	inted harte or registered agent t	and dae ii appile		L. Negistalo	a Agent signature rec	quired witer re	- Islamy				┧
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of	State					Election Campaign Financi Trust Fund Contribution.	ing		0 May Be to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		AC	L DDITIONS/CHANGES TO OFFICER	RS AND D	RECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GOLDBURG, 2201 W ATL DELRAY BEA			☐ Delete] Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MUCCILLI, M 2201 W ATL	ark g		☐ Delete] Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			ų.	and the state of t		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					C] Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptic indicated on this report or supplemental report is true and accurate and that my signature stands that 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 changed, or on an attachment with an address, with all grips like empowered.

SIGNATURE: