

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90743 044 ***150.00

DOCUMENT # P01000015715

1. Entity Name
GOOD LANDS ENTERPRISES, INC.



Principal Place of Business
**C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD. SUITE 360
HOLLYWOOD, FL 33021**

Mailing Address
**C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD. SUITE 360
HOLLYWOOD, FL 33021**

2. Principal Place of Business
**18851 NE 29th Ave
Suite, Apt. #, etc. 900**

3. Mailing Address
**18851 NE 29th Ave
Suite, Apt. #, etc. 900**

City & State
Aventura - FL

City & State
Aventura - FL

Zip
33180

Country
USA

Zip
33180

Country
USA



01272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1087247

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
3440 HOLLYWOOD BLVD. SUITE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
Roth, Leonardo A.

Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave # 900

City
Aventura

State
FL

Zip
33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Leonardo Roth 04/28/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHVARTZMAN, HECTOR 8855 COLLINS AVENUE MAIL BOX 707 APT. 7G MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHVARTZMAN, HUGO 8855 COLLINS AVENUE MAIL BOX 707 APT. 7G MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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

Daytime Phone #

Hugo Schwartzman 04/28/04 305 8677461