

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000091253

1. Entity Name
GOLDMANN, INC.



Principal Place of Business
**5671 SW 2ND STREET
PLANTATION, FL 33317**

Mailing Address
**5671 SW 2ND STREET
PLANTATION, FL 33317**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1158797** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDMANN, GARY R
5671 SW 2ND STREET
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PRES
GOLDMANN, GARY R
5671 SW 2ND STREET
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
TINSKY, LORRAINE
5671 SW 2ND STREET
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
GOLDMANN, ROSE
5671 SW 2 STREET
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000565089
05/20/06-80108-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

5/10/06 9545838455
Date Daytime Phone #