2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099973

1. Entity Name
GOLDSPK, INC

Principal Place of Business	Mailing Address
1702 NE 38 ST OAKLAND PARK,, FL 33334	1702 NE 38 ST OAKLAND PARK,, FL 33334

DO NOT WRITE IN THIS SPACE

05152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1155360	Not Applicable

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

6. Name and Address of Current Registered Agent

GOLD, JERRY
1702 NE 38 STREET
OAKLAND PARK, FL 33334

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 $550.00 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, JERRY
STREET ADDRESS	1702 NE 38 ST
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	V
NAME	LARCHE, LINDA T
STREET ADDRESS	1702 NE 38 ST
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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06/13/06-80001-022 150.00

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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: _____   6/10/06   954 895 0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #