

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000099973**

1. Entity Name  
**GOLDSPK, INC**



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

Mailing Address  
**1702 NE 38 ST  
OAKLAND PARK, FL 33334**

**DO NOT WRITE IN THIS SPACE**



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1155360**

Applied For  
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

U000000951601  
05/04/08-80042-016 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #

5/4/08 954 895 0516