

DOCUMENT # P02000052414

1. Entity Name

A PLUS Gold Assoc INC

20
LINFILED
Jun 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 041 ***150.00

66429184

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
7681 SANTA MARGHERITA WAY		NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
04-369 2903		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Name and Address of Current Registered Agent			
BARRY Goldberg			
7681- SANTA MARGHERITA WAY			
NAPLES, FL 34109			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
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.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)			
DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
☐		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Pres.	TITLE	
NAME	BARRY Goldberg	NAME	
STREET ADDRESS	7681- SANTA MARGHERITA	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	MENYI Goldberg	NAME	
STREET ADDRESS	7681- SANTA MARGHERITA	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>BARRY Goldberg</u> .. <u>May 15 04</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone			