


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091230**  
 1. Entity Name  
**GOFERS CLUB, INC.**



Principal Place of Business      Mailing Address  
**3055 NE 190TH ST., SUITE 104**      **3055 NE 190TH ST., SUITE 104**  
**AVENTURA, FL 33180**      **AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**



03152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**22-3867485**      [Not Applicable]

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

6. Name and Address of Current Registered Agent  
**DIRNFELD, JOSEPH**  
**3055 NE 190 ST, SUITE 104**  
**AVENTURA, FL 33180**

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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 file if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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

**U00000116189**  
**04/16/04-80054-011 150.00**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DIRNFELD, JOSEPH<br>3055 NE 190TH ST., SUITE 104<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DIRNFELD, VERA<br>3055 NE 190TH ST., SUITE 104<br>AVENTURA, FL 33180   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DIRNFELD, DANIEL<br>3055 NE 190TH ST., SUITE 104<br>AVENTURA, FL 33180  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALFANDARY, IVONNE<br>3055 NE 190TH ST., SUITE 104<br>AVENTURA, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 empowers.

**SIGNATURE:** \_\_\_\_\_ **JOSEPH DIRNFELD**    **MARCH 15, 2004**    **305 947-9010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #