


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90290 002 \*\*\*150.00

**DOCUMENT # P02000091230**

1. Entity Name  
**GOFERS CLUB, INC.**



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

Mailing Address  
**3055 NE 190TH ST., SUITE 104  
 AVENTURA, FL 33180**



2. Principal Place of Business  
**20350 WEST COUNTRY CLUB DR.**

3. Mailing Address  
**20350 WEST COUNTRY CLUB DR.**

Suite, Apt. #, etc.  
**SUITE 121-4**

City & State  
**AVENTURA, FL**

Zip  
**33180**

Country  
**USA**

04052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3867485**

Applied For  
 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**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**20350 WEST COUNTRY CLUB DR., SUITE 121-4**  
 City **AVENTURA** **FL** Zip Code **33180**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRNFELD, JOSEPH 3055 NE 190TH ST., SUITE 104 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20350 WEST COUNTRY CLUB DRIVE, SUITE 121-4 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

**SIGNATURE:**  **JOSEPH DIRNFELD** **4/5/2005** **3059499010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #