


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90151 024 ***150.00

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

Principal Place of Business 20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180	Mailing Address 20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3867485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIRNFELD, JOSEPH
 20350 W COUNTRY CLUB STE 4-121
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRNFELD, JOSEPH 20250 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIRNFELD, VERA 20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIRNFELD, DANIEL 20250 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFANDARY, IVONNE 20350 W COUNTRY CLUB DR STE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JOSEPH DIRNFELD Date: 4/19/06 Daytime Phone #: 305 947 9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR