## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 06, 2004 08:00 AM

| DOCUMENT # P02000129429  1. Entity Name GO GETTERS, INC.  |  |   |                                    | Secretary of State          |   |                      |                     |
|---|--|---|------------------------------------|-----------------------------|---|----------------------|---------------------|
| Principal Place<br>16150 NE 1:<br>N. MIAMI BE   | 3TH AVE.   | uiling Address<br>6150 NE 13TH AVE.<br>I. MIAMI BEACH, FL 33162 | 1 23 25000000                      |                             | <b>21/0</b> /2/1/2/1/2/1/2/1/2/1/2/1/2/1/2/1/2/1/2/ |                      |                     |
| D   | O NOT WRITE II   | CE  | 01162004<br>4. FEI Numbe<br>59-376 |                             | CR2E034 (   |                      |                     |
| 6. Name and Address of Current Registered Agent  ENGLER, RAYA 16150 NE 13TH AVE. N. MIAMI BEACH, FL 33162  8. The above named entity submits this statement for the purpose of changing its registered. |  |   | office or registers                | IN T                        | NOT W   | PACE                 | ar with, and accept |
| the obligati  | ons of registered agent.  Signature, typed or printed name of registered agent and title | il applicable (NOTE, Register                                   | ad Agent signature requi           | fred when rdnstaling)       |   | DATE                 | 1                   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fir   |  |   | ncing \$                           | 5.00 May Be<br>dded to Fees |   |                      |                     |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>ENGLER, RAYA<br>16150 NE 13 AVE.<br>N. MIAMI BEACH, FL 33162                        | TORS  |                                    |                             | 00000<br>02/09/04                                   | 0039535<br>-80010-01 | 0 150.00            |
| TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE NAME  |  |   |                                    |                             | NOT W   |                      | · -                 |
| STREET ADDRESS  |  |   | Ī                                  |                             |   |                      |                     |

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify 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, I further certify 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, I further certify 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, I further certify 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, I further certify 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, I further certify 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, I further certify 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, I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation or t

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04-