## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # P0300002914  1. Entity Name GOLIATH SYSTEMS INC.							01-24-2005	•	3 ***150.	00
Principal Plac	e of Business	М	ailing Address		l					
			12051 NW 20TH ST				004000	,		
PLANTATION, FL 33323 US			PLANTATION, FL 33323 US			40	004288	3		
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State		4. FEI Numbe				plied For	
Zip	ip Country		Zip Coun		try .	5. Certificate	of Status Desired	;	\$8.75 Add	litional
	6Name and Address of Cur	rent Regis	stered Agent	<u>l</u>		7. Name and	Address of New		Fee Required	-
					Name					
COVELLO, JEFFREY 12051 NW 20TH ST PLANTATION, FL 33323					Street Address (P.O. Box Number is Not Acceptable)					
1 ENVIATION, 1 E 33323										
					City			FL	Zip Code	3
A The above	named entity submits this stateme	nt for the r	outnose of changing its	rogistor	nd affine or regio	stated agent or bet	Cana			<del> </del>
the obligat	ions of registered agent.	antion the p	adipose of citaliging its	o registeri	ed office or regis	siereu agent, or bot	n, in the State of	ribrida. Fam	iamiliar with,	and accept
SIGNATURE_										
SIGNATURE -	Signature, typed or printed name of registered	agent and title	if applicable. (NOT	E: Registere	d Agent signature requ	ured when reinstaling)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5		9. Election Campa Trust Fund Con			55.00 May Be dded to Fees				
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO O	FEICERS AND	DIRECTOR	2 IN 11
TITLE				TITL		7,5511101107	Di Ir WIGEO TO O	THOCHS AND	☐ Change	Addition
NAME				MAM	Ε					
STREET ADDRESS	12051 NW 20TH ST				ET ADDRESS					
CITY-ST-ZIP PLANTATION, FL 33323				CITY					<del>-,</del>	
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NAME			- <u>-</u>	MAM	E	يوجاديه المصيدات				
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NAME			☐ Delete	TITLE	<b>I</b>				☐ Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-SI-ZIP CITY				-ST-ZIP						
12. Thereby o	certify that the information supplied	with this f	iling does not qualify to	s the eve	metica stated in	C6 110 07/0V	) Charlete Contract	- 11		,

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** 

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2005

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