

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000018076
 1. Entity Name
GOTTA MINUTE, INC.



Principal Place of Business Mailing Address
5867 NW 125 TERRACE **5867 NW 125 TERRACE**
CORAL SPRINGS, FL 33076 **CORAL SPRINGS, FL 33076**

DO NOT WRITE IN THIS SPACE



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0151447	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
SCHNITZER, GERALD S
2455 E SUNRISE BLVD STE 502
FT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDER, ARLENE 5867 NW 125 TERRACE CORAL SPRINGS, FL 33076
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07/24/08-80002-008 150.00

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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: *Arleene Marder* 7-21-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #