

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000094090

1. Entity Name

MAGOLD, INC.



Principal Place of Business

20700 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address

20700 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

35-2221771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, DAVID E
20700 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, GARY B	
STREET ADDRESS	2060 N.E. 194TH TERRACE	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACKEN, ALAN	
STREET ADDRESS	450 OCEAN BOULEVARD	
CITY- ST- ZIP	GOLDEN BEACH FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOLDMAN, DAVID E	
STREET ADDRESS	5551 THOROUGHbred LANE	
CITY- ST- ZIP	SOUTHWEST RANCHES FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	000000283527	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	04/01/05-80030-020 150.00	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

David E. Goldman

DAVID E. GOLDMAN

03/25/05

(305) 935-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #