
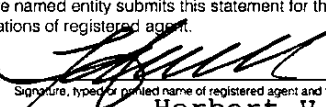
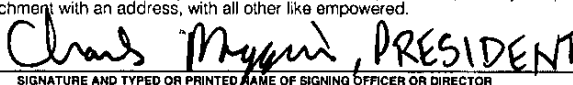


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90043 050 ***150.00

DOCUMENT # P03000156224 1. Entity Name GOLDBERG MAGGIO ENTERPRISES, INC.					
Principal Place of Business 11031 SPRINGFIELD PLACE COOPER CITY, FL 33026			Mailing Address 11031 SPRINGFIELD PLACE COOPER CITY, FL 33026		
2. Principal Place of Business 2621 N. Hiatus Road Suite, Apt. #, etc.		3. Mailing Address 2621 N. Hiatus Road Suite, Apt. #, etc.			
City & State Cooper City, Fl.		City & State Cooper City, Fl.		4. FEI Number 43-2038460	
Zip 33026		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOOMAR, L. GREGORY 1152 NORTH UNIVERSITY DR. PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name Herbert H. Rolnick Street Address (P.O. Box Number is Not Acceptable) 9734 W. Sample Road City Coral Springs FL Zip Code 33065		
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:  Herbert H. Rolnick (NOTE: Registered Agent signature required when reinstating) DATE: 2-1-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, JEFFREY A <input checked="" type="checkbox"/> Delete 11031 SPRINGFIELD PLACE COOPER CITY, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maggio, Charles D. 3871 San Simeon Circle Weston, FL. 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGIO, CHARLES D <input type="checkbox"/> Delete 3871 SAN SIMEON CIRCLE WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
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:  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles D. Maggio			Date: 2-1-05 Daytime Phone #: 954-441-6929		