## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000011472

FILED Jan 13, 2009 Secretary of State

Entity Name: GOLDMARK ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7010 S. TAMIAMI TRL SARASOTA, FL 34231			4000 BEE RIDGE R SARASOTA, FL 34		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7010A S TAMIAMI TR SARASOTA, FL 34231			4000 BEE RIDGE SARASOTA, FL 34	4000 BEE RIDGE SARASOTA, FL 34233	
FEI Number:	51-0493809	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GOLDBERG, MITCH L PRES 7010 S TAMIAMI TRAIL SARASOTA, FL 34231 US				GOLDBERG, MITCH L PRES 4000 BEE RIDGE RD	
				SARASOTA, FL 34233 US	
The above in the State		ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: RON NEWMARK				01/13/2009	
	Electroni	c Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	. ,	Delete	Title:	( ) Change ( ) Addition	
Name: Address:	GOLDBERG, MI 6774 ARECA BO	TCHELL L PRES	Name: Address:		
City-St-Zip:	SARASOTA, FL		City-St-Zip:		
Title:	VP ()	Delete	Title:	( ) Change ( ) Addition	
Name:	NEWMARK, RO		Name:		
Address:	7443 SHAUNA C		Address:		
City-St-Zip:	SARASOTA, FL	34241 US	City-St-Zip:		
Title:	S ()	Delete	Title:	( ) Change ( ) Addition	
Name:	NEWMARK, RO		Name:		
Address:	7443 SHAUNA C		Address:		
City-St-Zip:	SARASOTA, FL	34241 03	City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	GOLDBERG, MI		Name:		
Address:	6774 ARECA BL		Address:		
City-St-Zip:	SARASOTA, FL	34241 03	City-St-Zip:		
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD NEWMARK VΡ 01/13/2009

GOLDBERG, MITCHELL L D

SARASOTA, FL 34241 US

6774 ARECA BLVD

Name:

Address:

City-St-Zip: