2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2006 08:00 AN Secretary of State

	ANNOAL	REPURI		~	· [2	00-10-40	of C4
DOCUI	MENT # P04000093			3	ecreta	ry of St	
	GOLDSTEIN INC.						
Principal Place 11946 RIVER TAMPA, FL 3	RHILLS DRIVE	Mailing Address 11946 RIVERHILLS DRIVE TAMPA, FL 33617	1946 RIVERHILLS DRIVE AMPA, FL 33617			28//8 (6/86)///8 (8/8	1 NBN 887884 11 4884
., .				08282006	No Chg-P	CR2E034 (1	
	O NOT WRITE	IN THIS SPA	UE.	4. FEI Numb 20-138 5. Certificate			Applied For Not Applicable 5 Additional equired
	6. Name and Address of Current R	egistered Agent	1.	, ,	,		
BRONSON, MARY G 11946 RIVERHILLS DRIVE TAMPA, FL 33617					NOT W		w
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registe	ered agent, or bo	oth, in the State of Flor	ida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	ed Agent signature require	gent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fina Trust Fund Contribution.			ncing \$5	5.00 May Be ded to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND D	IRECTORS		, ,	* * *		
NAME STREET ADDRESS CITY-ST-ZIP	PST GOLDSTEIN, ŁLOYD J 11946 RIVERHILLS DRIVE TAMPA, FL 33617						
TITLE NAME STREET ADDRESS					000000 - 08/31/06-)\$75810 -8000\$ _; -02	5.150.00
CITY-SI-ZIP TITLE NAME STREET ADDRESS				· · · DO	NOT W	RITE	entre de la companya
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SP		
TITLE NAME STREET ADDRESS			C to A so	east care	Barrello Harris	fet .	

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATUMEAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06 (8-13)390-4187