2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145976

Entity Name: GOLDMAN WAREHOUSE, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 804 OCEAN DR 2ND FLOOR MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 804 OCEAN DR 2ND FLOOR MIAMI BEACH, FL 33139 FEI Number: 20-1793780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COURTNEY, MARLO 804 OCEAN DRIVE-2ND FLOOR MIAMI BEACH, FL 33139 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. SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GOLDMAN, R ANTHONY GOLDMAN, R. ANTHONY Name: Name: 804 OCEAN DR 2ND FLOOR 804 OCEAN DR 2ND FLOOR Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: DV Title: DVP (X) Change () Addition () Delete Name: GOLDMAN, JANET Name: GOLDMAN, JANET

804 OCEAN DR 2ND FLOOR 804 OCEAN DR 2ND FLOOR Address: Address: MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition DS DS GOLDMAN, CHARLES J GOLDMAN, CHARLES J. Name: Name:

804 OCEAN DR 2ND FLOOR 804 OCEAN DR 2ND FLOOR Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: (X) Change () Addition SREBNICK, JESSICA G GOLDMAN SREBNICK, JESSICA Name: Name: Address: 804 OCEAN DR 2ND FLOOR Address: 804 OCEAN DR 2ND FLOOR City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

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.

SIGNATURE: R. ANTHONY GOLDMAN PD 01/20/2009