

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 050 ***150.00

DOCUMENT # P05000121528

1. Entity Name

GO GET'EM JUDGMENT RECOVERY, INC



Principal Place of Business

**895 NW 119 STREET
#175
MIAMI FL 33168**

Mailing Address

**POST OFFICE BOX 681275
MIAMI FL 33168**



2. Principal Place of Business

N-A

Suite, Apt. #, etc.

N-A

City & State

N-A

Zip

N-A

Country

N-A

3. Mailing Address

N-A

Suite, Apt. #, etc.

N-A

City & State

N-A

Zip

N-A

Country

N-A

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, ARLEEN
895 NW 119 STREET
175
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

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

N-A

N-A

City

N-A

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 its application

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HANNA, ARLEEN
895 NW 119 STREET #175
MIAMI FL 33168** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N-A ☐ Change ☐ Addition

TITLE
NAME
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N-A ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #