## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000126934

City-St-Zip:

Entity Name: THE GOODRIDGE GROUP INC

FILED Apr 23, 2009 Secretary of State

Entity Nai	me: THE GOOI	DRIDGE GROUP INC.					
Current P	rincipal Place o	of Business:	New Princ	New Principal Place of Business:			
	54 AVENUE DOD, FL 33023			1380 NW 103RD ST MIAMI, FL 33169			
Current M	lailing Address	:	New Maili	New Mailing Address:			
P.O BOX 6 MIAMI, FL				1380 NW 103RD ST MIAMI, FL 33169			
FEI Number	:	FEI Number Applied For ( )	FEI Number Not Appl	icable (X)	Certificate of Status Desired	( )	
Name and	l Address of Cເ	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	OGE, SLY 54 AVENUE DOD, FL 33023	US	1380 NW 1	GOODRIDGE, SLY 1380 NW 103RD ST MIAMI, FL 33169 US			
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or	· both,	
SIGNATURE:				04/23/2009			
	Electronic	Signature of Registered Age	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GOODRIDGE, SI 3815 SW 54 AVE HOLLYWOOD, F	NUE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GOODRIDGE 1380 NW 103 MIAMI, FL 33 O ( GOODRIDGE 1380 NW 103 MIAMI, FL 33	RD ST 169 ) Change (X) Addition , YVONNE RD ST		
Name: Address: City-St-Zip:	.,		Name: Address: City-St-Zip:	GOODRIDGE 978 BAR HAR RIVERDALE,	, ANGELIQUE BOR CT. GA 30296		
Title: Name:	( )	Pelete	Title: Name:	O ( GOODRIDGE			

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.

City-St-Zip: STOCKBRIDGE, GA 30281

SIGNATURE: SLY GOODRIDGE D 04/23/2009