2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jul 21, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam THE GOF		3445				07-21-2006 90	0027 044 ***150	0.00			
Principal Plac 8510 SW 52 MIAMI, FL 3	ND AVE.	Mailing Address 8510 SW 52ND AVE. MIAMI, FL 33143 U	8510 SW 52ND AVE.								
2. Principal Place of Business P21 NW 82NO ALE 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07032006	Chg-P	CR2E034 (11/05	5)			
City & Stat	11 14	City & State			4. FEI Numb	er		Applied For Not Applicable			
3312	Country DADE	Zip				of Status Desired	□ \$8.75 A Fee Requ				
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent				
BOORD, L 8510 SW 5 MIAMI, FL	52ND AVE.		Street Address (P.O. Box Number is Not Acceptable)								
,											
				City			FL Zip C				
	named entity submits this statement of ions of registered agent. Signature, typed or primes Agreed Registered	m	_		quired when reinstating)	in, in the state of Fic	Jury 3, 20	•			
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaiç Trust Fund Contri	~	· - ·	\$5.00 May Be Added to Fees	In accordance v corporation did	vith s. 607.193(2)(b not receive the prio), F.S., the r notice.			
10.	OFFICERS AND	····	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143	□ Delete			_		☐ Chang	e 🔲 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e 🗌 Addition			
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-		☐ Chang	e Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e Addition			
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted error or on an attachment with an addrage.	this filing does not qualify for true and accurate and that m owered is execute this report a win extiner like empowered.	r the exe ny signat as requir	emptions conta ure shall have t ed by Chapter	ined in Chapter 11 the same legal effe 607, Florida Statuti	9, Florida Statutes. I ot as if made under des; and that my name	further certify that the path; that I am an office e appears in Block 10	e information er or director or Block 11 if			

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DOCUMENT #'P05000165445 1. Entity Name THE GORB, INC.							ATTACHMENT					
Principal Place of Business 8510 SW 52ND AVE. MIAMI, FL 33143 US			8510	Mailing Address 8510 SW 52ND AVE. MIAMI, FL 33143 US			٠,	40100357				
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				07032006	Chg-P	CR2E0	34 (11/05)	
City & State			City 8	City & State				4. FEI Number Applied For Not Applicable				
Zip		Country	Zip		Coun	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
BOORD, LEONARD 8510 SW 52ND AVE. MIAMI, FL 33143						Street Address (P.O. Box Number is Not Acceptable)						
						City		FL Zip Code				
8. The above the obligat	named entiti tions of regist	y submits this statement fo tered agent.	r the purpo	se of changing its	registere	ed office or reg	gistere	d agent, or bo	th, in the State of	Florida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finar Trust Fund Contribution.						\$5.0	5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				F.S., the notice.	
10.	,	OFFICERS AND	DIRECTOR	RS .	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	BOORD, LEONARD 8510 SW 52ND AVE. str										☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAA STR					1					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAN STRI					i i					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAN STRI										☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP					☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing 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: SIGNATURE												