

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-22-2008 90015 031 ***150.00

DOCUMENT # P07000112579 1. Entity Name GOG HOLDINGS, INC.																																																							
Principal Place of Business 220 SW 33 STREET FORT LAUDERDALE, FL 33315 US			Mailing Address 220 SW 33 STREET FORT LAUDERDALE, FL 33315 US																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State		4. FEI Number 06-1830818																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent BECKER, KLAUS J 220 SW 33 STREET FORT LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when re-registering). DATE _____																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10.																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>BECKER, KLAUS J</td> <td>220 SW 33 STREET</td> <td>FORT LAUDERDALE, FL 33315</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		BECKER, KLAUS J	220 SW 33 STREET	FORT LAUDERDALE, FL 33315		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																			
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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 recipient of 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 address, with or other like empowered.																																																							
SIGNATURE: 4/24/08 954-522-7784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																							