


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State


08-15-2006 90001 004 ***150.00

DOCUMENT # P93000014555 1. Entity Name GOLDMARK HOLDINGS, INC.	
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Principal Place of Business 2201 W. ATLANTIC AVE. DELRAY BEACH, FL 33445	Mailing Address 2201 W. ATLANTIC AVE DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE

40101500



08022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0394459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDBURG, RONALD W 2201 W ATLANTIC AVE DELRAY BEACH, FL 33445	<i>1625 SO CONGRESS AVE SUITE 301 NEW ↑</i>
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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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS GOLDBURG, RONALD W 2201 W ATLANTIC AVE DELRAY BEACH, FL 33445 <i>1625 SO CONGRESS AVE SUITE 301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NUCCILLI, MARK 2201 W ATLANTIC AVE DELRAY BEACH, FL 33445 <i>1625 SO CONGRESS AVE SUITE 301</i>
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DO NOT WRITE IN THIS SPACE

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]* *8/10/06* *561-719-6346*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #