2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088169

t. Entity Name GOPHER UNLIMITED SERVICES INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

5990 SW 130 TERR MIAMI, FL 33156 Mailing Address

5990 SW 130 TERR MIAMI, FL 33156



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0455327 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENSTEIN, RENEE 5990 SW 130 TERR MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signatura, typed or printed name of registered agent and title	if applicantle (NOTE, Registered	Agent signature	required when reinstalling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENSTEIN, IRENE (RENEE) 5990 SW 130 TERR MIAMI, FL 33156				U000000000891 01/20/04-80001-011 150. 00	
NAME STREET ADDRESS CITY-ST-ZIP					01/20/01-20001-011 130 -0 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
iitle Name Street address City-St-Zip	,					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 secule or 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 accress, with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZP

MATCH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

305/6/6/577