

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90010 030 \*\*\*150.00

<b>DOCUMENT # P94000059979</b> 1. Entity Name <b>GOSS ENTERPRISES, INC.</b>			
Principal Place of Business <b>1000 SOUTH POINTE DRIVE, APT 2202</b> <b>MIAMI BEACH, FL 33139 US</b>		Mailing Address <b>1000 SOUTH POINTE DRIVE, APT 2202</b> <b>APT 705</b> <b>MIAMI BEACH, FL 33139 US</b>	
2. Principal Place of Business <b>333 LAS OLAS WAY</b> Suite, Apt. #, etc. <b>UNIT 2505</b>		3. Mailing Address <b>333 LAS OLAS WAY</b> Suite, Apt. #, etc. <b>unit 2505</b>	
City & State <b>Fort Lauderdale FL</b>		City & State <b>Fort Lauderdale FL</b>	
Zip <b>33301</b>	Country	Zip <b>33301</b>	Country
4. FEI Number <b>65-0513624</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMALL &amp; BIANCHI, PA</b> <b>409 W HALLANDALE BEACH BLVD</b> <b>SUITE 423</b> <b>HALLANDALE, FL 33009</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>GOSS KENNETH</b> STREET ADDRESS <b>1000 SOUTH POINTE DRIVE, APT 2202</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>GOSS KENNETH M</b> STREET ADDRESS <b>333 LAS OLAS WAY UNIT 2505</b> CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:		Date: <b>2/9/06</b> Daytime Phone #: <b>954 817-3487</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	