FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91889 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059979

1. Entity Name
GOSS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
PO BOX 267457 WESTON, FL 33326 US	PO BOX 267457 WESTON, FL 33326 US

11040519

2. Principal Place of Business	3. Mailing Address
2110 North Ocean Blvd	2110 N. Ocean Blvd
Suite, Apt. #, etc. Apt 705	Suite, Apt. #, etc. Apt 705
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33305 Country: Broward	Zip: 33305 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0513624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, MITCHELL
4000 HOLLYWOOD BLVD.
SUITE 485 S.
HOLLYWOOD, FL 33021

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 ______________________ Date

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOSS KENNETH	NAME	
STREET ADDRESS	~~PO BOX 267457~~	STREET ADDRESS	2110 North Ocean Blvd. Apt 705
CITY-ST-ZIP	~~WESTON, FL 33326~~	CITY-ST-ZIP	Fort Lauderdale FL 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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] 4-30-03 954-817-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #