

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000036293

Entity Name: GOLD'NKRACKLE, INC.

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

5401 EAST AVE  
MANGONIA PARK, FL 33407 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

5401 EAST AVE  
MANGONIA PARK, FL 33407 US

## **New Mailing Address:**

FEI Number: 65-0578628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COX, JACK S ESQ.  
9002 SE BRIDGE ROAD  
HOBE SOUND, FL 33455 US

## **Name and Address of New Registered Agent:**

COX, JACK S ESQ.  
11450 S.E. DIXIE HIGHWAY  
SUITE 104  
HOBE SOUND, FL 33455 US

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.

SIGNATURE: JACK SCHRAMM COX

04/30/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: CHOMOUN, YVETTE  
Address: 327 5TH STREET  
City-St-Zip: WPB, FL

Title: PO ( ) Delete  
Name: GUS CHAMOUN,  
Address: 327 5TH ST  
City-St-Zip: WPB, FL

Title: S ( ) Delete  
Name: CHOMOUN, ANA  
Address: 5526 FOUNTAINS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CHAMOUN, YVETTE  
Address: 5526 FOUNTAINS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: PO (X) Change ( ) Addition  
Name: GUS CHAMOUN,  
Address: 5526 FOUNTAINS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Change ( ) Addition  
Name: CHAMOUN, ANA L  
Address: 5526 FOUNTAINS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS CHAMOUN

PO

04/30/2007

Electronic Signature of Signing Officer or Director

Date