2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9500005887 c. goldberg, Inc.	2		Secretary of State		
Principal Place of Business 5853 HAYES ST HOLLYWOOD, FL 33021 US Mailing Address -5853 HAYES ST HOLLYWOOD, FL 33021 US			S	 	O LANGE OVER BORE DORE ON THE STORE WIT	D) (VID) (VIII (EXIST (VIII S) (S) (S) (S) (S)
DO NOT WRITE IN THIS SPACE				02142005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0600165 Not Applicable		
					of Status Desired	\$8.75 Additional Fee Required
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134					NOT WRIT	
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, typed or proled name of registered agent and tried applicable. (NOTE. Registered Agent signature required when renstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees	0000002485 03202205-8003	68 2-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDBERG, BONNIE C 5830 HAYES STREET HOLLYWOOD, FL 33021	STORS			**************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second	tana antana an ta na antana	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	wagen same a manager and and a manager a	DO	NOT WRIT	r e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the second s	IN T	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·	Processor and the second second	Parameter (1995) — e te eque parameter (1995)	American Communication of the	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CO provide description in the large public	en e	· · · · · · · · · · · · · · · · · · ·	
indicatód	certify that the information supplied with this fit on this report or supplemental report is true a reporation or the receiver or trustee empowere, or on an attachment with an address, with all	end accurate and that my signal	ture shall have the s	same lenal effec	t as if made under nath: tha	t Lam an officer or director

SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR