2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) **FILED** Mar 30, 2005 08:00 A **DOCUMENT # P96000043879** Secretary of State 1. Entity Name IVAN GOLDBERG & ASSOCIATES, INC. Principal Place of Business Mailing Address C/O IVAN GOLDBERG 244 ORANGE TREE DR ATLANTIS FL 33462 C/O IVAN GOLDBERG 244 ORANGE TREE DR ATLANTIS FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0673409 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDBERG, BARBARA Street Address (P.O. Box Number is Not Acceptable) C/O IVAN GOLDBERG 244 ORANGE TREE DR ATLANTIS FL 33462 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIII t Delete TITLE Change Addition GOLDBERG, IVAN NAME NAME U00000281266 STELL LADORESS 244 ORANGE TREE DR STREET ADDRESS 03/30/05-80052-021 150.00 ATLANTIS FL 33462 CUTY-ST ZIP CITY ST 20 Tille ☐ Delete ☐ Change ☐ Addition GOLDBERG, BARBARA NAME STREET ADDRESS 244 ORANGE TREE DR STREET ADDRESS CITY OF ZIP ATLANTIS FL 33462 CITY ST ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST 7IF CITY-ST ZIP Delete TITLE Change ☐ Addition NAME NAME SUPERT ADDRESS STREET ADDRESS CITY-ST 7IF CITY ST ZIP ☐ Delete TITLE Change Addition NAME NAME STELL ADDRESS STREET ADDRESS CITY-SI ZIB CITY-ST ZIP Tiffe: ☐ Delete husChange ☐ Addition NAM NAME

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 Black 10 or Black 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST 7/F

SIGNATURE:

STALET ADDRESS

CITY ST 7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNNEY FRICER OR DIRECTOR

3 27 65

661-641-3867