


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000028351	
1. Entity Name GOLDMART 103RD, INC.	

Principal Place of Business 6733-05 103RD STREET JACKSONVILLE FL 32210	Mailing Address 6733-05 103RD STREET JACKSONVILLE FL 32210
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0824138		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZACHARIA, POPLAVSKI 6733 103RD STREET JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div> D POPLAVSKI, LILITH 9691 ARBOR OAKS #108 BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Delete</div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div> U00000511997 04/29/06-80074-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Add</div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LILITH POPLAVSKI *L. Poplavski* **4-14-06** **904-777-3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #