

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 034 ***150.00

DOCUMENT # P98000065497

1. Entity Name

GOODSON INVESTMENTS INC.



Principal Place of Business

~~15715 S. DIXIE HWY #215~~
PALMETTO BAY FL 33157

Mailing Address

~~15715 S. DIXIE HWY #215~~
PALMETTO BAY FL 33157

2. Principal Place of Business - No P.O. Box #

12441 SW 130 St.

3. Mailing Address

12441 SW 130 St.

Suite, Apt. #, etc.

Miami FL.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33186

Country
USA

Zip
33186

Country
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0853806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEN-TOV, SHLOMO
~~15715 S. DIXIE HIGHWAY~~
~~PALMETTO BAY FL 33157~~

12441 SW 130 St.
Miami, FL 33186

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEN-TOV, SHLOMO	
STREET ADDRESS	15715 S. DIXIE HWY #215 12441 SW 130 St.	
CITY - ST - ZIP	PALMETTO BAY FL 33157 Miami, FL 33186	

TITLE	D	<input type="checkbox"/> Delete
NAME	BEN-TOV, ELENA	
STREET ADDRESS	15715 S. DIXIE HWY #215 12441 SW 130 St.	
CITY - ST - ZIP	PALMETTO BAY FL 33157 Miami, FL 33186	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shlomo Ben-tov, Director

5/1/07

Date

Daytime Phone #