

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000012495

1. Entity Name
GOLD LINKS, GP, INC.



Principal Place of Business
C/O BENNETT L. DAVID III
3300 NORTH 29TH AVENUE #101
HOLLYWOOD, FL 33020

Mailing Address
C/O BENNETT L. DAVID III
3300 NORTH 29TH AVENUE #101
HOLLYWOOD, FL 33020



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0898117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISMAN, DAVID
C/O BENNETT L. DAVID III
3300 NORTH 29TH AVENUE #101
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and use if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLLOWICK, PATRICIA 3300 NORTH 29TH AVENUE #101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, BENNETT L III 3300 NORTH 29TH AVENUE #101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TESHER, ROBERT 3300 NORTH 29TH AVENUE #101 HOLLYWOOD, FL 33020
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02/05/09-80063-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: BENNETT DAVID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08
Date

954-925-7100
Daytime Phone #