

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # P99000013040

1. Entity Name
GOFINK, INC.



Principal Place of Business
300 SE 2ND ST.
8TH FLOOR
FORT LAUDERDALE, FL 33301

Mailing Address
300 SE 2ND ST.
8TH FLOOR
FORT LAUDERDALE, FL 33301



01112007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0899146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, PATRICIA
C/O STILES CORPORATION
300 SE 2ND ST
FORT LAUDERDALE, FL 33301

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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

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FINKLE, MAURICE
STREET ADDRESS	1800 N.E. 114TH STREET #1201
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	V
NAME	STILES, TERRY W
STREET ADDRESS	300 SE 2ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VST
NAME	TIDWELL, CARRIE
STREET ADDRESS	300 SE 2ND ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry W. Stiles

4/10/07

Date

954-627-9300

Daytime Phone #