2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000013040

FILED Feb 22, 2008 8:00 am Secretary of State 02-22-2008 90010 032 ***150.00

1. Entity Name GOFINK, INC.														
300 SE 2ND ST. 38TH FLOOR 8				Mailing Address 300 SE 2ND ST. 8TH FLOOR FORT LAUDERDALE, FL 33301										
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address			\neg							
Suite, Apt. #, etc.			- !	Suite, Apt. #, etc.			\exists	01112008	Chg-P		CR2E03	4 (12/06)		
City & State			(City & State		4. FEI Number 65-0899146				Applied For Not Applicable				
Zip	Country			Zip 	try	Fee F					ee Required	<u>.</u> .		
	6. Name	and Address of Curre	tered Agent	gent Name			7. Name and Address of New Registered Agent							
JONES, PATRICIA C/O STILES CORPORATION						Robert Esposito Street Address (P.O. Box Number is Not Acceptable) Stiles Corporation								
300 SE 2ND ST FORT LAUDERDALE, FL 33301					300 SE 2nd Street									
					City	F	ort Lau	derdale		FL	Zip Code	301		
	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 Robert Esposito January 31, 2008 Signature: Typed or sented name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) OATE														
FILI After Ma	gn Finar ribution.			00 May Be d to Fees				_						
10.		OFFICERS AN	ND DIREC	TORS			ADDITIONS	CHANGES TO	OFFICE	RS AND I	DIRECTORS	S IN 11		
title Name Street address City-St-Zip		MAURICE . 114TH STREET #1: L 33181	201	☐ Delete	1	I						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 SE 21	TERRY W ND ST UDERDALE, FL 333	01	☐ Delete	1	I .						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 SE 21	., CARRIE ND ST. UDERDALE, FL 333	01	☐ Delete		ı						□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I						Change	Addition	
12. I hereby of indicated	certify that the	ne information supplied v	vith this fi rt is true a	ling does not qualify found accurate and that r	or the exe ny signa	emptions contai ture shall have t	ined the s	in Chapter 11 ame legal effe	9, Florida Statu ct as if made u	ites. I fur nder oatt	ther certif	y that the in	formation or director	

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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 AND TYPED OF PRINTED WARRE OF SIGNING OFFICER OR DIRECTOR

Terry W. Stiles January 31, 2008 954-627-9300