


FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90054 042 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S41483 1. Entity Name GO-LEATHER, INC.			
Principal Place of Business 400 SOUTH POINTE DR. 1803 MIAMI BEACH, FL 33139 US		Mailing Address 150 SE 2ND AVE STE 1200 MIAMI, FL 33131 US	
2. Principal Place of Business 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 City & State MIAMI, FL Zip 33131 Country USA	
4. FEI Number 65-0249521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02012006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LANGEN, ROLAND 112 S. HIBISCUS ISLAND MIAMI, FL 33139		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHL, FRED H. 400 S. POINTE DR. #1803 MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - JOHL, FRED H 400 S POINTE DR. #1803 MIAMI BEACH, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		FRED H JOHL 2/1/06 Date Daytime Phone #	