2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

--FILED Mar 01, 2004 08:00 AM Secretary of State **DOCUMENT # 639962** 1. Entity Name GOLDMINE ENTERPRISES, INC. Principal Place of Business Mailing Address 36 NE 1ST STREET, STE 712 MIAMI FL 33132 36 NE 1ST STREET, STE 712 STE 712 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1951744 Not Applicable Zιρ Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELIANI, J Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET STE 712 MIAMI FL 33132-9403 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 title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campalgri Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change NAME ELIANI, J NAME U000U0072292 STREET ADDRESS 20185 E COUNTRY CLUB DR STREET ADDRESS 19/01/04-80105-009 150.00 CITY-ST-ZIP N MIAMI BEACH FL CITY-ST-ZIP Defete ☐ Change Addition NAME ELIANI, R 20185 E COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS N MIAMI BCH FL CITY-ST-ZIP CITY+ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP TITLE Detete HILE Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP វាមាន Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 roustee 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 attackment with an address, with all other like empowered.