


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F97000005286</b> 1. Entity Name <b>GOLD CONTAINER CORPORATION</b>	
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14005030



Principal Place of Business 169 E FLAGLER ST SUITE 730 MIAMI, FL 33131	Mailing Address 169 E FLAGLER ST SUITE 730 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03312004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-3862348</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WALEWSKI, FABRICE 169 E. FLAGLER STREET, SUITE 730 MIAMI, FL 33131	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, ALEXANDRE			NAME			
STREET ADDRESS	CH-1936 VERBIER, LE RICHELIEU N 14			STREET ADDRESS			
CITY-ST-ZIP	CHEMIN, DES VERNES, SW			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, FABRICE			NAME			
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800			STREET ADDRESS			
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, THOMAS			NAME			
STREET ADDRESS	2137 JACKSONVILLE ST.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33916			CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, RAPHAEL			NAME			
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800			STREET ADDRESS			
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KESTELOOT, FERNAND			NAME			
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800			STREET ADDRESS			
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, E RAY			NAME			
STREET ADDRESS	2240 BELLEAIR ROAD SUITE 190			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33764			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing 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 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:** Fabrice WALEWSKI Date: 03/31/04 (786) 977-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR