## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # K20815

1. Entity Name THE GOLDEN WHISK, INC.



Principal Place of Business

Mailing Address

7932 FLAGLER COURT SOUTH WEST PALN BEACH, FL 33405 12765 FOREST HILL BLVD., STE. 1302 WELLINGTON, FL 33414

### **FILED** Apr 03, 2006 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

01302006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0044810 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DE MENDOZA, III, MARIO G P.A. 12765 FOREST HILL BOULEVARD

# DO NOT WRITE

SUITE 1302 WEST PALM BEACH, FL 33414			IN THIS SPACE					
	named entity submits this statement for the patients of registered agent.	ourpose of changing its registered offic	e ar re	agistered agent, or b	oth, in the S	State of Florid	a 1 am tamihar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE, Registered Agent s	onature	required when reinstating)		·	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	()4,	<i>U</i> ΩΩΩΩΩ ′18/06~:	189299 30011-005	150.00
10.	OFFICERS AND DIRE	CTORS			1	<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENDOZA, MARIO G. DE III 12765 FOREST HILL BLVD. SUITE 1: WELLINGTON, FL 33414	302				<u> </u>	·	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	PD RITCH, LESLIE M. 12765 FOREST HILL BLVD. SUITE 1 WELLINGTON, FL 33414	302				<del>5</del> − •	 -	12 m
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					:		· · · · · · · · · · · · · · · · · · ·	
12. Thereby o	certify that the information supplied with this f	lling does not qualify for the exemption	s con	tained in Chanter 11	Q Florida :	Statutes 1 fue	ther certify that th	e information

I hereby deathy that the information supplied with this living obes not quality for the exemptions contained in Chapter 118, Fostod 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingent with an address, with all other like empowered.

Leslie M. Ritch, Pres. PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

