


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 04, 2004 08:00 AM  
Secretary of State

**DOCUMENT # P00000006926**

1. Entity Name  
GOLDEN TOUCH ENTERPRISES USA, INC.



Principal Place of Business  
1949 KNOLLCREST DR  
CLERMONT, FL 34711

Mailing Address  
1949 KNOLLCREST DR  
CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0975588

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMCHARD, RAVI  
1949 KNOLLCREST DR  
CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMCHAND, MR. B 508 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RAMCHARD, RAVI 1949 KNOLLCREST DR CLERMONT, FL 34711
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02/06/04-80078-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. Ramchand RAVI RAMCHAND. 2/2/04 (407) 492-4633.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #