


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 18, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P00000006026  
1. Entity Name  
GOLDEN TOUCH ENTERPRISES USA, INC.



Principal Place of Business      Mailing Address  
1949 KNOLLCREST DR      1949 KNOLLCREST DR  
CLERMONT, FL 34711      CLERMONT, FL 34711



02172005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0975588      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, 2005 Fee will be \$550.00**

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

1000000268018  
02/18/05-80025-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMCHAND, MR. B
STREET ADDRESS	508 S. MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	O
NAME	RAMCHARD, RAVI
STREET ADDRESS	1949 KNOLLCREST DR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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      3/15/05      407-492-4633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #