## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # P0000018930 GOLDEN RING INVESTMENTS INC. \* \* . . Principal Place of Business Mailing Address 9737 NW 41 ST. 9737 NW 41 ST. PMB 112 PMB 112 MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 03102004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0995876 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCADO, JORGE 9737 NW 41 ST. Street Address (P.O. Box Number is Not Acceptable) PMB #112 MIAMI, FL 33178 City 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) imped or printed game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BATH ☐ Delete TITLE Addition Change MERCADO, JORGE NAME NAME STREET ADDRESS 9737 NW 41 ST., PMB 112 STREET ADDRESS 100000104222 |\$704-80089-003 158.75 MIAMI, FL 33178 CHY-ST-ZIP CITY-ST-ZIP ☐ Delcte TITLE BILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 57 - 71P TITLE Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE Delete TIFIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CHY-SI-ZIP Delete TATLE ☐ Change ☐ Addition THLE MAME NAME STREET ADDRESS STREET ADDRESS City-St-28 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 path; that I am an officer or director of the corporation or the coeieur 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.

SIGNING OFFICER OR DIRECTOR

RE AND TYPE

3/31/04

**FILED**