


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90076 022 ***158.75

DOCUMENT # P00000018930

1. Entity Name
GOLDEN RING INVESTMENTS INC.



Principal Place of Business Mailing Address
 9737 NW 41 ST.
 PMB 112
 MIAMI, FL 33178 9737 NW 41 ST.
 PMB 112
 MIAMI, FL 33178


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40013705



02052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0995876 Not Applicable

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

6. Name and Address of Current Registered Agent

MITOS, RUBEN
 9737 NW 41 ST.
 PMB #244
 MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **ESTEVEZ, DANIEL**

Street Address (P.O. Box Number is Not Acceptable)
9737 NW 41 Street

#244

City **Miami** FL Zip Code
33178

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 *Daniel Estevez* DATE **2-5-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MITOS, RUBEN 9737 NW 41 ST., PMB 244 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	P ESTEVEZ, DANIEL 9737 NW 41 Street - Suite 244 Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel Estevez* DATE **2-5-07** 305-218-5490

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