

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000059345

1. Entity Name
GOLDEN MILE SHOPPES, INC.



Principal Place of Business
**6930 COLLINS AVE
MIAMI BEACH, FL 33139**

Mailing Address
**8249 NW 36TH STREET
210
MIAMI, FL 33166**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0017230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**M & C ACCOUNTING SERVICES, INC.
8249 N.W. 36TH ST., STE. 210
MIAMI, FL 33166**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 | P TARAMAN, HECTOR I 6930 COLLINS AVE MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V TARAMAN, ERNESTO A 6930 COLLINS AVE MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T TARAMAN, ENRIQUE 6930 COLLINS AVE MIAMI BEACH, FL 33139 |
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1000001148527
05/03/04-80151-011 150.00

**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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIGUEL CAMONES / REGISTER AGENT 4/28/04 (305) 718-3667