


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000057828

1. Entity Name
GOLDING & SAVINO, INC.



| | |
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| Principal Place of Business 4330 HILLCREST DRIVE APT 816 HOLLYWOOD, FL 33021 | Mailing Address 4330 HILLCREST DRIVE APT 816 HOLLYWOOD, FL 33021 |
|--|--|

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 20-0967088 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**DE MARES MARIA CLARA, IRURETA
 3131N W73 AVE
 33024
 HOLLYWOOD, FL 33020**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 | PSD DE MARES, MARIA CLARA IRUETA 3131 N W 73 AVE HOLLYWOOD, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD SAVINO, MARIAVELIA 4330 HILLCREST DRIVE APT 816 HOLLYWOOD, FL 33021 |
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000000523395
 05-16-08-33023-001 158.75

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: *Mariavelia Savino* **Mariavelia Savino, Vicepresident** 04/02/08 (954)987-2856

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