


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90086 004 ***158.75

DOCUMENT # P93000033413
 1. Entity Name
GOLDEN LAND, INC.



Principal Place of Business Mailing Address
 12390 HWY 70 WEST 12390 HWY 70 WEST
 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972
 US US

40046398



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0409627** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GAITAN, JUAN PABLO
8420 NW 160 ST
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent
 .Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD Delete
 NAME CALLE, JENARO
 STREET ADDRESS 8420 NW 160 ST
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE PD Change Addition
 NAME CALLE, JENARO
 STREET ADDRESS 12390 Hwy 70 W.
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE VD Delete
 NAME CALLE, ANA MARIA
 STREET ADDRESS 8420 NW 160 ST
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE VD Change Addition
 NAME CALLE, ANA MARIA
 STREET ADDRESS 12390 Hwy 70 W.
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE STD Delete
 NAME CALLE, ROSA HELENA
 STREET ADDRESS 8420 NW 160 ST
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE STD Change Addition
 NAME CALLE, ROSA HELENA
 STREET ADDRESS 12390 Hwy 70 W.
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE MD Delete
 NAME GAITAN, JUAN PABLO
 STREET ADDRESS 8420 NW 160 ST
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE MD Change Addition
 NAME GAITAN, JUAN PABLO
 STREET ADDRESS 12390 Hwy 70 WEST
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Juan Pablo Gaitan **JUAN PABLO GAITAN** 2/28/05 (863) 634 5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #