## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90379 022 \*\*\*158.75

1. Entity Name	ONTAINI	# F980000064 ER LEASE RECEIN		14005029							
Principal Place % GOLD CONT 2137 JACKSOI FT. MYERS, FL	TAINER COR NVILLE ST.		Mailing Address % GOLD CONTAINER CORPORATION 2137 JACKSONVILLE ST. FT. MYERS, FL 33931					# <b>                                     </b>			
2. Principal Pla	ace of Busin	ess	3. Mailing Address								
Suite, Apt. #			Suite, Apt. #, etc.			03312004	Chg-P	CR2E034 (1			
City & State			City & State		4. FEI Numb 22-358			Not	Applicable		
Zip	Country		Zip Coun		ıtry		of Status Desired	Fee	<b>75</b> Addi Required		
	6. Name	and Address of Current 6	Registered Agent	,	7. Name and Address of New Registered Agent Name						
1201 HAYS	STREET	RVICE COMPANY r 32301-2525			Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	,	
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 act the obligations of registered agent.										and accept	
SIGNATURESignature, 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.		OFFICERS AND	L DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11	
TITLE NAME	DP WALEWS	KI, ALEXANDRE	☐ Delete	E AE				Change	Addition		
STREET ADDRESS CITY-ST-ZIP	2137 JAC	KSONVILLE ST. ÆRS, FL 33916		STR	EET ADDRESS /-ST-ZIP						
TITLE	D		☐ Delete	TITL	£				Change	Addition	
NAME STREET ADDRESS		SKI, FABRICE SKSONVILLE ST.		' NAN STR	AE EET ADDRESS						
CITY-ST-ZIP		'ERS, FL 33916		CITY	Y-ST-ZIP						
TITLE NAME	D CURLEY.	STEPHEN C	☐ Delele	TITL NAA					Change	Addition	
STREET ADDRESS	237 PARI	K AVE.	EET ADDRESS								
CITY-ST-ZIP	FORT MY	/ERS, FL 33916	Delele —	Y-ST-ZIP			C1	Change	Addition -		
NAME			L. Deixle	JTIT —					Change	Audition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE NAME			☐ Delele	TITI Nam					Change	☐ Addition	
STREET ADDRESS				STE	REET ADDRESS						
CITY-ST-ZIP				-	Y-ST-ZIP				Charac		
TITLE NAME			☐ Delete	TIT! Nai	l l			L	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP						
12. Thereby 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											
of the cor changed	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 embowered 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: Fabrice WALEWSK 1 03/31/04 (786)717-0711											