

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90262 027 ***150.00

DOCUMENT # P98000069274	
1. Entity Name GOLD LION INVESTMENTS, INC.	

Principal Place of Business 7270 NW 12 ST PH-4 MIAMI, FL 33126 US	Mailing Address 7270 NW 12 ST PH-4 MIAMI, FL 33126 US
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34013244



2. Principal Place of Business 2274 W. 80 St.	3. Mailing Address 2274 W. 80 St.
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33016	Country US

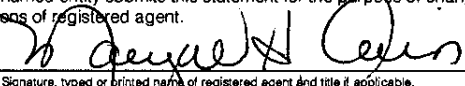
02032004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0858545	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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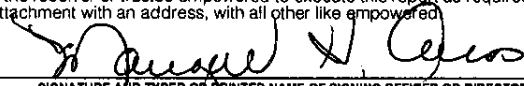
6. Name and Address of Current Registered Agent ARIAS, MARIAZELL H 1108 N.W. 180TH AVE. PEMBROKE PINES, FL 33029	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: 	MARIAZELL H. ARIAS VP 4/23/04
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARIAS, ARMANDO 1108 N.W. 180TH AVE. PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIAS, MARIAZELL H 1108 N.W. 180TH AVE. PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	4/23/04 (305) 594-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIAZELL H. ARIAS Daytime Phone #	