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	Mailing Address
7270 NW 12 ST PH-4 MIAMI, FL 33126 US	7270 NW 12 ST PH-4 MIAMI, FL 33126 US

99U73444

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2274 W. 80 St.	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	Zip: 33016 Country: US

4. FEI Number 65-0858545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS, MARIAZELL H
1108 N.W. 180TH AVE.
PEMBROKE PINES, FL 33029

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 [signature] MARIAZELL H. ARIAS VP DATE 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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