


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90083 014 \*\*\*150.00

<b>DOCUMENT # P13992</b> 1. Entity Name <b>NATIONAL GOLD EXCHANGE, INC.</b>					
Principal Place of Business <b>14309 N. DALE MABRY HWY. TAMPA, FL 33618 US</b>			Mailing Address <b>14309 N. DALE MABRY HWY. TAMPA, FL 33618 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>YAFFE, ALAN</b> <b>14309 N DALE MABRY HWY</b> <b>TAMPA, FL 33618</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAFFE, SHIRLEY		NAME		
STREET ADDRESS	16310 MILAN DE AVILA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAFFE, ALAN		NAME		
STREET ADDRESS	16310 MILAN DE AVILA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAFFE, MARK		NAME		
STREET ADDRESS	16501 MILAN DE AVILA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/12/05</b></span> <span><b>(813) 969-4111</b></span> </div> <small>Date Daytime Phone #</small>		