

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-18-2005 90241 001 ***150.00
05-18-2005 90241 002 ***150.00
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SEC. OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #: 639962

1. Entity Name
GOLDMINE ENTERPRISES, INC.



Principal Place of Business
36 N.E. 1st Street
Miami, FL 33132

Mailing Address
36 N.E. 1st Street
Miami, FL 33132

2. Principal Place of Business
36 N.E. 1st Street
Suite, Apt. #, etc.
ST 712

3. Mailing Address
Same as 2
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33132

Country

Zip
33132

Country



0506
1st MOORE CR2E034 (10/04)

4. FEI Number
59-1951744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JACKIE ELIANI
20185 E Country Club Dr #1507
Aventura, FL 33180

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKIE ELIANI 20185 E Country Club Dr #1507 Aventura, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SR RIVKA ELIANI 20185 E Country Club Dr #1507 Aventura, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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