2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 224982

1. Entity Name
GOLDEN HOURS INC.

Principal Place of Business	Mailing Address
12500 SW 46TH STREET MIAMI, FL 33175	12500 SW 46TH STREET MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

04052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-0882011	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SAULEDA, RUBEN P.
12500 S.W. 46 STREET
MIAMI, FL 33175

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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 _Ruben P. Sauleda_   04/13/05

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	04/15/05-80026-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SAULEDA, RUBEN
STREET ADDRESS	12500 SW 46 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TP
NAME	SAULEDA, RUBEN PRIMITIVO
STREET ADDRESS	12500 S.W. 46TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	SAULEDA, DIANE K.
STREET ADDRESS	12500 SW 46 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	SAULEDA, REBEKA
STREET ADDRESS	12500 S.W. 46 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Ruben P. Sauleda_   04/13/05   305-226-4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #