

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 224982

FILED  
Mar 22, 2006  
Secretary of State

Entity Name: GOLDEN HOURS INC.

## Current Principal Place of Business:

12500 SW 46TH STREET  
MIAMI, FL 33175

## New Principal Place of Business:

22585 S. W. 187 AVE  
GOULDS, FL 33170

## Current Mailing Address:

12500 SW 46TH STREET  
MIAMI, FL 33175

## New Mailing Address:

22585 S. W. 187 AVE  
GOULDS, FL 33170

FEI Number: 59-0882011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SAULEDA, RUBEN P.  
22585 S. W. 187 AVE  
GOULDS, FL 33170 US

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.

SIGNATURE:

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SAULEDA, RUBEN,  
Address: 12500 SW 46 ST  
City-St-Zip: MIAMI, FL

Title: TP ( ) Delete  
Name: SAULEDA, RUBEN PRIMI, TIVO  
Address: 12500 S.W. 46TH STREET  
City-St-Zip: MIAMI, FL

Title: V (X) Delete  
Name: SAULEDA, DIANE K.,  
Address: 12500 SW 46 ST  
City-St-Zip: MIAMI, FL

Title: VP (X) Delete  
Name: SAULEDA, REBEKA,  
Address: 12500 S.W. 46 STREET  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SAULEDA, CLAUDIA ELE, NA  
Address: 22585 S. W. 187 AVE  
City-St-Zip: MIAMI, FL 33170 US

Title: VP (X) Change ( ) Addition  
Name: SAULEDA, RUBEN PRIMI, TIVO  
Address: 22585 S. W. 187 AVE.  
City-St-Zip: GOULDS, FL 33170 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA ELENA SAULEDA

PRES

03/22/2006

Electronic Signature of Signing Officer or Director

Date