

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 224982

1. Entity Name
GOLDEN HOURS INC.



Principal Place of Business

22585 S W 187 AVE
GOULDS FL 33170

Mailing Address

22585 S W 187 AVE
GOULDS FL 33170



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
22585 S. W. 187 AVE
GOULDS, FL 33170

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SAULEDA, CLAUDIA ELENA
STREET ADDRESS	22585 S. W. 187 AVE
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	PRES
NAME	SAULEDA, RUBEN PRIMITIVO
STREET ADDRESS	22585 S. W. 187 AVE.
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80007-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2008 3052474144

Date

Daytime Phone #