


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 661710</b> 1. Entity Name <b>GOLDEN GATE ENTERPRISES CORP.</b>	
--	---

Principal Place of Business <b>6723 S.W. 81 ST</b> <b>MIAMI FL 33143</b>	Mailing Address <b>6723 S.W. 81 ST</b> <b>MIAMI FL 33143</b>
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #. etc.
--	---

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number <b>59-1999918</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>ALVAREZ, MIGUEL</b> <b>6723 SW 81 ST</b> <b>MIAMI FL 33143</b>
---

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--

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 _____	(NOTE: Registered Agent signature required when reinstating)	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 Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete NAME: ALVAREZ, MIGUEL STREET ADDRESS: 6723 S.W. 81ST ST. CITY- ST- ZIP: MIAMI, FL 00000
TITLE	VTS <input type="checkbox"/> Delete NAME: ALVAREZ, AMIRA STREET ADDRESS: 6723 S.W. 81ST ST. CITY- ST- ZIP: MIAMI, FL 00000
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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.

SIGNATURE: <u>Miguel A. Alvarez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/25/05	305-667-4000 Date Daytime Phone #
---	---------	--------------------------------------