


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90037 003 \*\*\*150.00

<b>DOCUMENT # 681724</b> 1. Entity Name <b>GOLD BY ANDRE', INC.</b>					
Principal Place of Business <b>18861 BISCAYNE BLVD. C/O RACHEL ALEMAN N MIAMI BEACH, FL 33180</b>			Mailing Address <b>18861 BISCAYNE BLVD. C/O RACHEL ALEMAN N MIAMI BEACH, FL 33180</b>		
2. Principal Place of Business <b>18873 NW 23 PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>18873 NW 23 PLACE</b> Suite, Apt. #, etc.			
City & State <b>PEMBROKE PINES FL</b>		City & State <b>PEMBROKE PINES FL</b>		4. FEI Number <b>59-2020581</b>	
Zip <b>33029</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLEMAN, RACHEL 18861 BISCAYNE BOULEVARD N MIAMI BEACH, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>ALLEMAN, RACHEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>18873 NW 23 PLACE</b> City <b>PEMBROKE PINES</b> <b>FL</b> Zip Code <b>33029</b>	
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 <u><i>Rachel Alleman</i></u> <b>RACHEL ALLEMAN</b> <u>1/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLEMAN, RACHEL 18873 NW 23RD PLACE PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEMAN, ANDRE 18873 NW 23RD PLACE PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Andre Aleman</i></u> <b>ANDRE ALEMAN</b> <u>1/19/06</u> <b>954-430-8186</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					