

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 034 ***150.00

DOCUMENT # F01000006356

1. Entity Name
GOLD LINE TELEMAGEMENT INC.



Principal Place of Business
**180 WEST BEAVER CREEK RD.
RICHMOND HILL
ONTARIO L4B 1B4 CANADA,**

Mailing Address
**180 WEST BEAVER CREEK RD.
RICHMOND HILL
ONTARIO L4B 1B4 CANADA,**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5929370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MOEINI, ATA
STREET ADDRESS 180 WEST BEAVER CREEK RD, RICHMOND HILL
CITY-ST-ZIP ONTARIO CANADA,

TITLE VP
NAME MOEINI, NEDA
STREET ADDRESS 180 W BEAVER CREEK RD
CITY-ST-ZIP RICHMOND HILL, OT I4b1b4

TITLE CFO
NAME YAZDANI, SHALA
STREET ADDRESS 180 W BEAVER CREEK RD
CITY-ST-ZIP RICHMOND HILL, OT I4b1b4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Shala Yazdani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04 (905) 709-6922
Date Daytime Phone #