FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Amended

DOCUMENT # F03000004214

1. Entity Name

Sysgold Holding, Inc.

FILED
08 NOV 19 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
Rua Gomes De Carvalho	2505 2nd Avenue
Suite, Apt. #, etc.: 1356, 15th Floor	Suite, Apt. #, etc.: Suite 505
City & State: Sao Paulo	City & State: Seattle, WA
Zip: 04547-005 Country: Brazil	Zip: 60311 Country: US

4. FEI Number: 20-0144926 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

City: Plantation FL Zip Code:

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: Madonna Cuddihy Special Assistant Secretary DATE: 11-12-08

Signature, typed or printed name of registered agent and title if applicable. NOTE: Required when changing registered office address or registered agent.

January 1 - May 1 Fee is ~~$150.80~~ $61.25
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Secretary, Treasurer Manuel Etter Rua Gomes de Carvalho 1356, 15 FL Sao Paulo - Brazil 04547-005
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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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MANUEL ETTER President 11/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #