2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90025 032 ***150.00

DOCUMENT # F06000004203

1. Entity Name
GOLDEN STAR TECHNOLOGY INC.

Principal Place of Business	Mailing Address
2929 E IMPERIAL HWY SUITE 170 BREA, CA 92821	2929 E IMPERIAL HWY SUITE 170 BREA, CA 92821

02122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13043 EAST 166TH ST.	13043 EAST 166TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CERRITOS, CA	City & State: CERRITOS, CA
Zip: 90703 Country: LA	Zip: 90703 Country: LA

4. FEI Number: 33-0116008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WANG, JIA PEIR
9601 SW 142 AVE; #802
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: WANG, JIA PEIR
Street Address (P.O. Box Number is Not Acceptable): 14331 SW 120TH ST. #102
City: MIAMI FL Zip Code: 33186

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WANG, JIA PEIR	NAME	
STREET ADDRESS	8720 HILLCREST ROAD	STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK, CA 90621	CITY-ST-ZIP	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WANG, HSU YUEH	NAME	
STREET ADDRESS	8720 HILLCREST ROAD	STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK, CA 90621	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jia Peir Wang 2/15/08 562 345 8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #