

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F97000005286 1. Entity Name GOLD CONTAINER CORPORATION					
Principal Place of Business 169 E FLAGLER ST SUITE 730 MIAMI, FL 33131			Mailing Address 169 E FLAGLER ST SUITE 730 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3862348	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALEWSKI, FABRICE 169 E. FLAGLER STREET, SUITE 730 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WALEWSKI, ALEXANDRE CH-1936 VERBIER, LE RICHELIEU N 14 CHEMIN, DES VERNES, SW	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALEWSKI, FABRICE TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, THOMAS 2137 JACKSONVILLE ST. FORT MYERS, FL 33916	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WALEWSKI, RAPHAEL TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESTELOOT, FERNAND TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, E RAY 2240 BELLEAIR ROAD SUITE 190 CLEARWATER, FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <i>Fabrice WALEWSKI</i> 03/31/04 (786) 777-0711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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