FILED
Mar 23, 2006 08:00
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005286

1. Entity Name
GOLD CONTAINER CORPORATION

Principal Place of Business	Mailing Address
169 E FLAGLER ST SUITE 730 MIAMI, FL 33131	169 E FLAGLER ST SUITE 730 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03102005 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3862348
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALEWSKI, FABRICE
169 E. FLAGLER STREET, SUITE 730
MIAMI, FL 33131

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WALEWSKI, ALEXANDRE
STREET ADDRESS	CH-1936 VERBIER, LE RICHELIEU N 14
CITY-ST-ZIP	CHEMIN, DES VERNES, SW
TITLE	VD
NAME	WALEWSKI, FABRICE
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,
TITLE	D
NAME	WEBER, THOMAS
STREET ADDRESS	2137 JACKSONVILLE ST.
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	TSD
NAME	WALEWSKI, RAPHAEL
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,
TITLE	D
NAME	KESTELOOT, FERNAND
STREET ADDRESS	TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
CITY-ST-ZIP	PUTEAUX LA DEFENSE, PARIS,
TITLE	D
NAME	JACKSON, E RAY
STREET ADDRESS	2240 BELLEAIR ROAD SUITE 190
CITY-ST-ZIP	CLEARWATER, FL 33764

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04/07/06-80006-005 158.75

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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: Fabrice WALEWSKI 03/10/06 (786)777-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #