


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F97000005286</b> 1. Entity Name <b>GOLD CONTAINER CORPORATION</b>					
Principal Place of Business <b>169 E FLAGLER ST SUITE 730 MIAMI, FL 33131</b>			Mailing Address <b>169 E FLAGLER ST SUITE 730 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>WALEWSKI, FABRICE 169 E. FLAGLER STREET, SUITE 730 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC WALEWSKI, ALEXANDRE CH-1936 VERBIER, LE RICHELIEU N 14 CHEMIN, DES VERNES, SW</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALEWSKI, FABRICE TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEBER, THOMAS 2137 JACKSONVILLE ST. FORT MYERS, FL 33916</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD WALEWSKI, RAPHAEL TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESTELOOT, FERNAND TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800 PUTEAUX LA DEFENSE, PARIS,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACKSON, E RAY 2240 BELLEAIR ROAD SUITE 190 CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>36181 EAST LAKE ROAD SUITE 204 PALM HARBOR, FL 34685</b>				
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.					
<b>SIGNATURE:</b> <u>Fabrice WALEWSKI</u> <u>03/15/07</u> (786) 777-0711					

40044212



03152007 Chg-P CR2E034 (12/06)

4. FEI Number **13-3862348-94-2911817** Applied For Not Applicable

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