2008 FOR PROFIT CORPORATION ANNUAL REPORT

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: EDWARD RAY JACKSON

DOCUMENT# F97000005286

Entity Name: GOLD CONTAINER CORPORATION

FILED Apr 24, 2008 Secretary of State

04/24/2008

Date

D

Current Principal Place of Business:				New Principal Place of Business:		
169 E FLAGLER ST SUITE 730 MIAMI, FL 33131						
Current Mailing Address:				New Mailing Address:		
169 E FLAGLER ST SUITE 730 MIAMI, FL 33131						
FEI Number: 94-2911817 FEI Number Applied For () FEI Number			FEI Num	nber Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WALEWSKI, FABRICE 169 E. FLAGLER STREET, SUITE 730 MIAMI, FL 33131 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WALEWSKI, AL	ER, LE RICHELIEU N 14		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	WALEWSKI, FA	Delete BRICE JR ARAGO, 5 RUE BELLINI, 92800 EFENSE, PARIS,		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () WEBER, THOM 2137 JACKSON FORT MYERS,	VILLE ST.		Title: Name: Address: City-St-Zip:	JACKSON, E 36181 EAST	(X) Change () Addition EDWARD RAY LAKE ROAD SUITE 204 OR, FL 34685
Title: Name: Address: City-St-Zip:	WALEWSKI, RA	Delete APHAEL JR ARAGO, 5 RUE BELLINI, 92800 EFENSE, PARIS,		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	KESTELOOT, F TOUAX SA, TOU	Delete ERNAND JR ARAGO, 5 RUE BELLINI, 92800 EFENSE, PARIS,		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	JACKSON, E RA	KE ROAD SUITE 204		Title: Name: Address: City-St-Zip:		() Change () Addition
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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						