

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005286

FILED
Feb 24, 2009
Secretary of State

Entity Name: GOLD CONTAINER CORPORATION

Current Principal Place of Business:

169 E FLAGLER ST
SUITE 730
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 E FLAGLER ST
SUITE 730
MIAMI, FL 33131

New Mailing Address:

FEI Number: 94-2911817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PC () Delete
Name: WALEWSKI, ALEXANDRE
Address: CH-1936 VERBIER, LE RICHELIEU N 14
City-St-Zip: CHEMIN, DES VERNES, SW

Title: VD () Delete
Name: WALEWSKI, FABRICE
Address: TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
City-St-Zip: PUTEAUX LA DEFENSE, PARIS,

Title: D () Delete
Name: JACKSON, EDWARD RAY
Address: 36181 EAST LAKE ROAD SUITE 204
City-St-Zip: PALM HARBOR, FL 34685

Title: TSD () Delete
Name: WALEWSKI, RAPHAEL
Address: TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
City-St-Zip: PUTEAUX LA DEFENSE, PARIS,

Title: D () Delete
Name: KESTELOOT, FERNAND
Address: TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800
City-St-Zip: PUTEAUX LA DEFENSE, PARIS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: FIROOZEH FARHANG - CHIEF ACCOUNTANT
_____ Electronic Signature of Signing Officer or Director

MISS

02/24/2009

_____ Date