

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48981

FILED
Mar 28, 2009
Secretary of State

Entity Name: FIVE GOLDEN RINGS, INC.

Current Principal Place of Business:

5843 SUNSET DR
SOUTH MIAMI, FL 33143

New Principal Place of Business:

5843 SUNSET DR
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

5843 SUNSET DR
SOUTH MIAMI, FL 33143

New Mailing Address:

5843 SUNSET DR
SOUTH MIAMI, FL 33143 US

FEI Number: 59-2766646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANE, STEVEN B.
5843 SUNSET DR
SOUTH MIAMI, FL 33143 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: PV () Delete
Name: KANE, STEVEN B.,
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: KANE, STEVEN B.,
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: KANE, STEVEN B
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: KANE, STEVEN B.,
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change () Addition
Name: KANE, STEVEN B.,
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ST (X) Change () Addition
Name: KANE, STEVEN B
Address: 500 MINORCA
City-St-Zip: CORAL GABLES, FL 33134 US

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: STEVEN B. KANE

PV

03/28/2009

Electronic Signature of Signing Officer or Director

Date