

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90074 040 ***150.00

DOCUMENT # J91548

1. Entity Name
GOLDEN FIVE STAR ENTERPRISES, INC.



Principal Place of Business
% LYNNE M. GOLDEN
17569 CHARAWOOD DRIVE
BOCA RATON, FL 33498 US

Mailing Address
% LYNNE M. GOLDEN
17569 CHARWOOD DRIVE
BOCA RATON, FL 33498-6427 US

50008711



2. Principal Place of Business
901 N.E. 40th Court
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State
Oakland Park, Florida
Zip
33334 Country
USA

City & State
Zip
Country

4. FEI Number
59-2838491 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYNNE M GOLDEN
17569 CHARNWOOD DRIVE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOLDEN, LYNNE M.
17569 CHARNWOOD DRIVE
BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
GOLDEN, JAY S.
17569 CHARNWOOD DRIVE
BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lynne M. Golden

1/26/05 954-563-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #