

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # K09606

1. Entity Name
GOLDEN EARRINGS, INC.



Principal Place of Business

**% ARI ERBLAT
8846 STATE ROAD 84
DAVIE, FL 33324 US**

Mailing Address

**% GOLDEN EARRINGS/ARI ERBLAT
8846 STATE ROAD 84
DAVIE, FL 33324 US**



02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2339802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERBLAT, ARI
8846 STATE RD 84
DAVIE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
ERBLAT, ARI
10656 NW 12 CT
PLANTATION, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVS
ERBLAT, ALEXANDER
3101 PORTO FINO PT #03
PLANTATION, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
ALTNEU, JASON
8153 SEVERN DR #A
BOCA RATON, FL 33343**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000249800
03/03/05-80015-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/05
Date

954 474 2732
Daytime Phone #