

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045410

FILED
May 03, 2004
Secretary of State

Entity Name: GOLDEN ENTERPRISES, LLC.

Current Principal Place of Business:

9745 SW 72ND STREET
SUITE 114B
MIAMI, FL 33173

New Principal Place of Business:

669 SW 37 AVE
SUITE 104
MIAMI, FL 33135

Current Mailing Address:

9745 SW 72ND STREET
SUITE 114B
MIAMI, FL 33173

New Mailing Address:

669 SW 37 AVE
SUITE 104
MIAMI, FL 33135

FEI Number: 41-2116425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASQUILLO, CARLOS R
669 SW 37 AVENUE
APT 104
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CARRASQUILLO, CARLOS R
669 SW 37 AVENUE
SUITE 104
MIAMI, FL 33135 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: CARLOS R CARRASQUILLO

05/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARRASQUILLO, CARLOS R
Address: 669 SW 37 AVENUE, APT 104
City-St-Zip: MIAMI, FL 33135

Title: MGR () Delete
Name: CARRASQUILLO, CHRISTIS
Address: 669 SW 37 AVENUE, APT 104
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS R CARRASQUILLO

MGR

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date