


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L05724
 1. Entity Name
GOLDEN STAR ENTERPRISES, INC.



Principal Place of Business Mailing Address
 4045 KING ARTHUR DR 4045 KINGARTHUR DR
 PENSACOLA, FL 32514 US PENSACOLA, FL 32514 US

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2965111 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAPITAL CONNECTION, INC.
 417 E. VIRGINIA STREET
 SUITE 1
 TALLAHASSEE, FL 32301

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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: *Jeou S. Wang* **Jeou S. Wang President** **3/22/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) 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	D
NAME	CHAO, NELSON P. C.
STREET ADDRESS	4230 OBREGON DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	WANG, JEOU S.
STREET ADDRESS	4045 KING ARTHUR DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	LIN, CHING K.
STREET ADDRESS	3898 PARADISE DR.
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	D
NAME	TSAO, JOHN
STREET ADDRESS	307 MIMOSA STREET
CITY-ST-ZIP	LAKE JACKSON, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/24/05-80012-012 150.00

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: *Jeou S. Wang* **Jeou S. Wang** **3/22/2005** **850-496-2612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #