


**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # L05724**

1. Entity Name  
**GOLDEN STAR ENTERPRISES, INC.**



Principal Place of Business  
**4045 KING ARTHUR DR  
 PENSACOLA, FL 32514 US**

Mailing Address  
**4045 KINGARTHUR DR  
 PENSACOLA, FL 32514 US**

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2965111**

Applied For  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$350.00**

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	D CHAO, NELSON P. C. 4230 OBREGON DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, JEOU S. 4045 KING ARTHUR DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, CHING K. 3898 PARADISE DR. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAO, JOHN 307 MIMOSA STREET LAKE JACKSON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1670000458136  
 03/17/06 00032-025 150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3/2/06 850-476-2612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #