


**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 010 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # L05724</b>			
1. Entity Name <b>GOLDEN STAR ENTERPRISES, INC.</b>			
Principal Place of Business <b>4045 KING ARTHUR DR PENSACOLA, FL 32514 US</b>		Mailing Address <b>4045 KINGARTHUR DR PENSACOLA, FL 32514 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2965111</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CAPITAL CONNECTION, INC.</b> <b>417 E. VIRGINIA STREET</b> <b>SUITE 1</b> <b>TALLAHASSEE, FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAO, NELSON P. C.</b>	NAME	<b>466 Bellebrook Ln.</b>
STREET ADDRESS	<b>4230 OBREGON DR.</b>	STREET ADDRESS	<b>Lawrenceville, GA 30045</b>
CITY-ST-ZIP	<b>PENSACOLA, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, JEOU S.</b>	NAME	
STREET ADDRESS	<b>4045 KING ARTHUR DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIN, CHING K.</b>	NAME	<b>73 Pacific Crest</b>
STREET ADDRESS	<b>3898 PARADISE DR.</b>	STREET ADDRESS	<b>IRVINE, CA 92602</b>
CITY-ST-ZIP	<b>GULF BREEZE, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TSAO, JOHN</b>	NAME	<b>108 Thyme Trail</b>
STREET ADDRESS	<b>307 MIMOSA STREET</b>	STREET ADDRESS	<b>Lake Jackson, TX 77566</b>
CITY-ST-ZIP	<b>LAKE JACKSON, TX</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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: <u>Jeou S Wang</u>		Date: <u>2/20/08</u> Daytime Phone #: <u>850-496-2612</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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