

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05724

FILED  
Mar 05, 2010  
Secretary of State

Entity Name: GOLDEN STAR ENTERPRISES, INC.

**Current Principal Place of Business:**

1600 VIA DELUNA DR, APT W402  
PENSACOLA BEACH, FL 32561 US

**New Principal Place of Business:**

1600 VIA DE LUNA DR, APT W402  
PENSACOLA BEACH, FL 32561 US

**Current Mailing Address:**

4045 KINGARTHUR DR  
PENSACOLA, FL 32514 US

**New Mailing Address:**

1600 VIA DE LUNA DR, APT W402  
PENSACOLA BEACH, FL 32561 US

FEI Number: 59-2965111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAO, NELSON P. C.  
Address: 466 BELLBROOK LN  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: D  
Name: WANG, JEOU S.  
Address: 1600 VIA DE LUNA DR. W402  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D  
Name: LIN, CHING K.  
Address: 73 PACIFIC CREST  
City-St-Zip: IRVINE, CA 92602

Title: D  
Name: TSAO, JOHN  
Address: 108 THYME TRL  
City-St-Zip: LAKE JACKSON, TX 77566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEOU S. WANG

PRPL

03/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date