

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26539

FILED
Apr 15, 2009
Secretary of State

Entity Name: AMNON GOLAN ENTERPRISES, INC.

Current Principal Place of Business:

19111 COLLINS AVE
801
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19111 COLLINS AVE
801
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 59-2654707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLAN, AMNON
19111 COLLINS AVE
APT 801
NORTH MIAMI BEACH, FL 33160 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: DPS () Delete
Name: GOLAN, AMNON
Address: 19111 COLLINS AVE APT 801
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VPTD () Delete
Name: GOLAN, DINA
Address: 19111 COLLINS AVE APT 801
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VPD () Delete
Name: SCHACHTEL, SARI
Address: 19111 COLLINS AVE APT 801
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VPD () Delete
Name: GOLAN, GUY
Address: 19111 COLLINS AVE APT 801
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMNON GOLAN

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date