


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 009 ***150.00

DOCUMENT # M42572		
1. Entity Name GOLDKRESS, INC.		

Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602 US	Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139-6602 US
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2. Principal Place of Business <i>230 5th Street</i>	3. Mailing Address <i>230 5th Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Beach FL</i>	City & State <i>Miami Beach FL</i>
Zip <i>33139</i>	Country <i>USA</i>
Zip <i>33139</i>	Country <i>USA</i>

50019842



02212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2757638	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVE MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name <i>Robins, Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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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 <i>2/21/05</i>

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VPT ROBINS, SCOTT 523 MICHIGAN AVE MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PST GOLDMAN, ANTHONY 103 GREENE ST. NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D GOLDMAN, ANTHONY 103 GREENE ST. NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPT Robins, Scott 230 5th Street Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for an 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 Section 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.	
SIGNATURE: _____	DATE <i>2/21/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

SCOTT ROBINS COMPANIES
230 FIFTH STREET
MIAMI BEACH, FL 33139

305 674 0600
Daytime Phone #