



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90112 013 \*\*\*150.00

<b>DOCUMENT # M53538</b> 1. Entity Name <b>GOLDEN INDIAN ENTERPRISES INC.</b>					
Principal Place of Business <b>C/O FAUSTO A. CAPOTE</b> <b>6411 SW 127 PLACE</b> <b>MIAMI, FL 33183</b>			Mailing Address <b>C/O FAUSTO A. CAPOTE</b> <b>6411 SW 127 PLACE</b> <b>MIAMI, FL 33183</b>		
2. Principal Place of Business <i>600 Biltmore Way</i>		3. Mailing Address <i>600 Biltmore Way</i>			
Suite, Apt. #, etc. <i>Apt. 920</i>		Suite, Apt. #, etc. <i>Apt. 920</i>			
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>			
Zip <i>33134</i> Country <i>USA</i>		Zip <i>33134</i> Country <i>USA</i>		02062006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-2819213</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  <b>CAPOTE, FAUSTO A D</b> <b>6411 SW 127 PLACE</b> <b>MIAMI, FL 33183</b>			7. Name and Address of New Registered Agent Name <i>CAPOTE, FAUSTO A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>600 Biltmore Way</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>		
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 <i>[Signature]</i> <i>FAUSTO A. CAPOTE, Director</i> <i>2/6/06</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CAPOTE, FAUSTO A D</b> <b>6411 SW 127 PLACE</b> <b>MIAMI, FL 33183</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>600 Biltmore Way # 920</i> <i>Coral Gables, FL 33134</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CAPOTE, NELSON L D</b> <b>MIMOSA # 184. SANTA MARIA</b> <b>RIO PIEDRAS, PR 00927</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CAPOTE, GASTON R D</b> <b>EDIFICIO EL MONTE PH # 15</b> <b>HATO REY, PR 00918</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CAPOTE, JOSEFINA O D</b> <b>MIMOSA # 184. SANTA MARIA</b> <b>RIO PIEDRAS, PR 00927</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>[Signature]</i> <i>FAUSTO A. CAPOTE</i> <i>2/6/06</i> <i>(305) 444 9074</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					