

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90199 026 ***158.75

DOCUMENT # M53538

1. Entity Name
GOLDEN INDIAN ENTERPRISES INC.



Principal Place of Business

**600 BILTMORE WAY
APT. 920
MIAMI, FL 33134**

Mailing Address

**600 BILTMORE WAY
APT. 920
MIAMI, FL 33134**

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

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2819213

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPOTE, FAUSTO A
600 BILTMORE WAY
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature] **FAUSTO CAPOTE, Director**

1/8/07

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPOTE, FAUSTO A D	
STREET ADDRESS	600 BILTMORE WAY #920	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPOTE, NELSON L D	
STREET ADDRESS	MIMOSA # 184. SANTA MARIA	
CITY-ST-ZIP	RIO PIEDRAS, PR 00927	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPOTE, GASTON R D	
STREET ADDRESS	EDIFICIO EL MONTE PH # 15	
CITY-ST-ZIP	HATO REY, PR 00918	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPOTE, JOSEFINA O D	
STREET ADDRESS	MIMOSA # 184. SANTA MARIA	
CITY-ST-ZIP	RIO PIEDRAS, PR 00927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature] **FAUSTO CAPOTE**

1/8/07

305-444-9074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #