

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 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
NAME	CAPOTE, FAUSTO A D
STREET ADDRESS	600 BILTMORE WAY #920
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	CAPOTE, NELSON L D
STREET ADDRESS	MIMOSA # 184. SANTA MARIA
CITY-ST-ZIP	RIO PIEDRAS, PR 00927
TITLE	D
NAME	CAPOTE, JOSEFINA O D
STREET ADDRESS	MIMOSA # 184. SANTA MARIA
CITY-ST-ZIP	RIO PIEDRAS, PR 00927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000781769
01/15/08-80048-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fausto Capote 1/10/08 (305) 444-9074