2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M53538

City-St-Zip:

RIO PIEDRAS, PR 00927

Entity Name: GOLDEN INDIAN ENTERPRISES INC

FILED Jan 07, 2009 Secretary of State

Littly Nai	ille. GOLDEI	INDIAN ENTERPRISES INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
600 BILTM APT. 920 MIAMI, FL	IORE WAY				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	IORE WAY		•		
FEI Number:	: 59-2819213	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CAPOTE, FAUSTO A 600 BILTMORE WAY CORAL GABLES, FL 33134 US			CAPOTE, FAUSTO A 600 BILTMORE WAY APT. 920 CORAL GABLES, FL 3:	600 BILTMORE WAY	
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/07/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CAPOTE, FAU 600 BILTMOR CORAL GABL	E WAY #920	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	CAPOTE, NEL	4. SANTA MARIA	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	CAPOTE, JOS) Delete EFINA O D 4. SANTA MARIA	Title: (Name: Address:) Change()Addition	

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.

City-St-Zip:

SIGNATURE: FAUSTO A. CAPOTE D 01/07/2009