2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

GOLDEN RING INVESTMENTS INC.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90035 001 ***158.75

DOCUMENT #	P00000018930
1. Entity Name	

Principal Place of Business

16000 PINES BLVD. #3065 PEMBROKE PINES FL 33082

CHANGE

Mailing Address

16000 PINES BLVD: #3065 CHAMBE

PEMBROKE PINES FL 33082



2. Principal Place of Business C PMb 1/2 Miomi F Suite, Apt. #, etc.	1137NW 415F C 33178		Miami,	IW 41 St. FL 33178	CHECK HERE IF MAKI	
City & State		City & State		4. FEI Number 65-0995876	Applied For	
MIDMI FL		MIDMI,	FL		Not App	
33/78 °	untry USA	33178	Coun U	try S A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and	Address of Current R	legistered Agent			7. Name and Address of New Registere	d Agent
AJEMIAN, VICTOR 16000 PINES BLVD. #306 PEMBROKE PINES FL 330		e-Merca 7 NW 419 5 112	do- street		P.O. Box Number is Not Acceptable DNR	

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

or printed name of registered agent and title if app

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!! FEE IS \$150.00
Α	fter May 1, 2003 Fee will be \$550.00
ake Ch	eck Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Make Chec	k Payable to Florida Department of State			Moded to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AJEMIAN, VICTOR 16000 PINES BLVD. #3065 PEMBROKE PINES FL 33082	Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	JORGE MERCADO Change DAddition 9737 NW UI'ST PMB 112 MIDMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORGE, MERCADO 16000 PINES BLVS STE 3065 PEMBROKE PINES FL 33082	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the 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 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 expowered.

SIGNATURE: