

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 016 ***150.00

DOCUMENT # P00000052610

1. Entity Name
GOLDEN NEEDLE CORP.



Principal Place of Business
142 S.E. 6TH AVENUE
DELRAY BEACH, FL 33483

Mailing Address
142 S.E. 6TH AVENUE
DELRAY BEACH, FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1064404

Applied For
Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MATATIA, ALBERT
142 S.E. 6TH AVENUE
DELRAY BEACH, FL 33483

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, typewritten name of officer or agent in firm (Applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MATATIA, ALBERT**
STREET ADDRESS **142 S.E. 6TH AVENUE**
CITY-STATE-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1119.03(3)(f), Florida Statutes. I further certify that the information provided 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 on Block 11 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

ALBERT MATATIA

Date

7/1/04

Daytime Phone

[Handwritten Signature]