2004 FOR PROFIT CORPORATION .. **ANNUAL REPORT**

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P00000052674** 04-12-2004 90550 001 ***300.00 1. Entity Name GOLDWIN, INC. Principal Place of Business Mailing Address 4631 NW 31 AVE. #236 4631 NW 31 AVE. #236 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL. 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 5829 NW 17 Place Palm Beach Blud Suite, Apt. #, etc. 03022004 CR2E034 (10/03) # B 世 101 City & State City & State 4. FEI Number Applied For Sunrise だし 65-1012460 Not Applicable Country Zip 0 334,11 Country \$8.75 Additional 5. Certificate of Status Desired П us A 33313 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. Gaines TOBIN, RICHARD Address (P.O. Bax Number is Not Acceptable) Road West Governs Creek Road 200 SE 18TH COURT FT. LAUDERDALE, FL 33316 ste 100 Landerd 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 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE Brown, Sherri Palm Bar ☐ Delete Change NAME BROWN, SHERRON H NAME STREET ADDRESS 4631 NW 31 AVENUE, #236 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP 33411 TITLE ☐ Delete TITLE ecretas Addition NAME NAME STREET ADDRESS STREET ADDRESS L 33411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Royal Palm Beach Blud NAME STREET ADDRESS STREET ADDRESS 1128-101 Beach, FL 33411 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 treate 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 any additions, with all other like empowered.

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FILED