2004 FOR PROFIT CORPORATION

FILED Apr 30, 2004 8:00 am Secretary of State

	ANNUAL	. REPURI			7	Secre	ctary or	Statt
1. Entity Nan	MENT # P00000101 ishine desings, corp.	043					004 90044 034 *	
Principal Plac	ce of Business	Mailing Address		-		KI	3417548	
	ENUE, STE. 713	1688 CORAL WAY				υt	1411948	
MIAMI, FL 3	13132 -	MIAMI, FL 33145						
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2 Principal F	Place of Business 7 5W 214 TERR	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			04282004	Chg-P	CR2E034 (10/03	3)
City & State		City & State	There are the second se	·	4. FEI Number 65-1049		i	Applied For Not Applicable
3318	Country	Zip	Country		5. Certificate of	l Status Desired	□ • \$8.75 A Fee Requi	
3378	6. Name and Address of Current	Registered Agent	J		7. Name and /	ddress of New F	Registered Agent	
			Name	DiA	Z, JAU			
DIAZ, JAV 1 4 NE 1 A	(IER VENUE, STE. 713		Street			is Not Acceptable	e)	
·MIAMI, FL				0 - 0	12 51	1 6.17		,
	Ω		City	870		3147		200
					ami_		FL 含含	189
8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or both	, in the State of Flo	orida. Tam familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign:	ature required	when rainstating)		DATE	/
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5 .	.00 May Be ed to Fees			
10.	OFFICERS AND		11.			HANGES TO OFF	ICERS AND DIRECTO	
NAME -	PVST DIAZ, JAVIER	☐ Delete	TITLE NAME	PV	ST Z JAVIE	- 0	🔀 Change	Addition
STREET ADDRESS	14 NE-1ST AVENUE, SUITE 713		STREET ADDRESS	87	47 SW	214 751	er.	
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NAME STREET ADDRESS	DIAZ, JAVIER 14 NE 18T-AVENUE, SUITE 71 3		NAME STREET ADDRESS	DIRZ	L Gilb	erto I 214 TE	-e.e	
CITY-ST-ZIP	MIAMI, FL 33132 -		CITY-ST-ZIP			3318		
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NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. Lhereby	certify that the information supplied with	this time does not qualify fo	r the exemption st	ated in Se	ection 119.07/3\/ii\	Florida Statutes	I further certify that the	e information
indicated of the co	from this report or supplemental report is reportal or trustee empty reportation or the receiver or trustee empty or on an attachment with an address.	s true and accurate and that reported to execute this report	ny signature shall as required by Cl	have the hapter 607	same legal effect 7, Florida Statutes	as if made under ; and that my nam	oath; that I am an offic ne appears in Block 10	er or director or Block 11 if

4/27/04

Detachment

PENDING 03-09-2004 90044 034 --- 150.00 P00000101043

2004 FOR PROFIT GORPORATION ANNUAL REPORT

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Principal Place	of Business	Mailing Address			Į					
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'MIAMI, FL 33	132	MIAMI, FL 33145			_ _					
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	ace of Business	3. Mailing Address			- } {		المعورية	مختصر الحج		
14 NE Suite, Apt. 1	etc.	Suite, Apl. #, etc.			 		a			
572					0304	2004	Chg-P	CH2E	34 (10/03)	
City & Ştate .		City & Slato			Number			 	plied For	
MIA		7:-	Count	· ·	- 6:	-1049	037			t Applicable
Zig-C	33132	Zip	Coon	uy	5. Ce	rtilicate of	Status Desired		\$8.75 Addi	
	6. Name and Address of Current	Registered Agent			7, Na	me and A	ddress of New F	egistered i	Agent	
		•		Name	DIAZ	_7	AVIER			
DIAZ, JAVI	ER /ENUE, STE. 743 70 8	•		Street Addr		Number	is Not Acceptabl	9)		3.35
MIAMI, FL	33132									25. 95.
				14	NE	157	Are	Sie	708	F
	. 1			City M	iAmi			FL	. 333	32
8. The above	named entity submits this matement to	r the purpose of changing its	s register	ed office or re	gistered ager	nt, or both	, in the State of Fi	orlda. I am	familiar with,	and accept
the obligati	ions of registered Agents							.3/	la land	3.00 3.00
SIGNATURE									7/04	<u> </u>
· ·	Egnature, typed or partied form of represent agent	and the disspirable. (NO	TE: Peg-stora	d Agens signeb/s	required when rain	stating)		DATE		16
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10.	OFFICERS AND	DIRECTORS	11.		DOA	ITIONS/C	HANGES TO OF	FICERS ANI	DIRECTOR!	S IN 11
DILE	PVST	☐ Delate	TITL	E	PRESIC	ZUT			[1] Change	Addion
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TITLE		☐ Delete	TITE NAME						Change	☐ Addition
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CITY-ST-ZIP		Ω	- 1	Y-ST-ZIP						
12. I hereby	certify that the information supplied w	thy thys litting does not qualify	ioi the ex	emption state	d in Section 1	19.07(3)(), Florida Statutes	. I further co	enity that the i	information
of the co	certify that the information supplied wid d on this report or supplemental report orporation or the receiver or trastree er d, or on an allachment with an addy or	bowered to execute this repo	out se tedi	aiure shaii na aired by Chap	oter 607, Floric	ia Statule	s; and that my na	me appears	in Block 10 c	x Block 11 if
changed	z, or on an allachment with an address	with all other like empowere	NU.				51	1.1		* 1
SIGNA	TURE: VV						2/4	104		
	SIGNATURE AND THESE A	SEWITED HAME OF SIGNED OFFICE		-			D-s	•	Davime Phone 8	

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(8.50) PM5-6059. if you have any questions concern: of your document, please cat

FLORIDA DEPARTMENT OF STATE corporate in Enclosed to Secretary of State a theorem of the output the corporate in Company of State and the corporation of the corporat

GOLDENSHINE DESINGS, CORP. 1688 CORAL WAY MIAMI, FL 33145

SUBJECT: GOLDENSHINE DESINGS, CORP. Ref. Number: P00000101043

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report has not been filed and a copy is being returned for the following:

Please be advised, the corporate name was filed as presented on the original articles of incorporation. Enclosed is a copy for verification. In order to correct the corporate name, you will need to file articles of amendments with

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 404A00017098