2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90333 031 ***150.00

DOCUMENT # P0100004263 1. Entity Name GOLDEN DEER, INC.						04-29-2004 90333 031 ***150.00					
Principal Place of Business Mailing Address				L			14014117				
2552 TAMIAMI TRAIL		2552 TAMIAMI TRAIL				11014111					
	TE, FL 33952	PT CHARLOTTE, FL 33952				İ					
11 610 41201	.2, . # 33302	11 010 1120 112,112 00	,,								
			•								
2. Principal Pl	ace of Business	3. Mailing Address				-					
Cuito Ant	# 616	Suite Apt # ata	Suite, Apt. #, etc.			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04262004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State				4. FEI Numbe	or		Ap	plied For	
				_	59-3696395			No	t Applicable		
Zip Country		Zip	try · ·		5 Certificate	of Status Desired		\$8.75 Add	itional		
									ee Required	1	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
ALQAWASMY, MOHDGAZAL S				Name	Name .						
-909-B KINGS HWY 2552 TAMIAMI TIAIL				Street Address (P.O. Box Number is Not Acceptable)							
PT CHARLOTTE, FL 33980				}		M*2					
	339,52			i							
			City	FL Zip Code							
8. The above	named entity submits this statement for	the ournose of changing its	register	ed office or	register	ed agent or bot	h in the State of Fl		amiliar with	and accept	
	ions of registered agent.	are perpess of one ignig to	.09.0.0.	00 011100 01	109.00	00 ago, k, 0. 00.	in in the charte of the	onda. Tami	anniar man	and acoopt	
	•• 3	•									
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Cont			\$5 . Add	00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE			TITL	E				· · · · · · · · · · · · · · · · · · ·	X Change	Addition	
NAME	ALQAWASMY, MOHDGAZAL S		NAM	IE .		_					
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·			EET ADDRESS		TAMIAMI					
City-St-Zip			CITY	-ST-ZIP	PT C	HAMLOTTE,	FL 33952				
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NAME			NAM								
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CITY-ST-ZIP	}			-ST-ZIP	İ						
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NAME		J. 001010	, NAN						onange		
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NAME			: NAN								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP	<u></u>						
12. I hereby	certify that the information supplied with	uthis filing does not qualify fo	r the exe	emption sta	ted in Se	ection 119.07(3)	 Florida Statutes 	. I further cer	tify that the it	nformation	

indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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 effect like empowered.

SIGNATURE:

MOHDGAZAL S. ALGALASMY

4/24/2004

941-629-1010