2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000012776

1. Entity Name
GOLDEN PAGER INCORPORATED

Principal Place of Business	Mailing Address
2001 EAST HILLSBOROUGH AVENUE SUITE 2 TAMPA, FL 33610 US	2001 EAST HILLSBOROUGH AVENUE SUITE 2 TAMPA, FL 33610 US

DO NOT WRITE IN THIS SPACE

04272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3707993	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHALIFA, GAMAL A
10334 COUNCILS WAY
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABDEL-LATIF KHALIFA, GAMAL
STREET ADDRESS	10334 COUNCILS WAY
CITY-ST-ZIP	TAMPA, FL 336174059

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: _____   4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #