


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000012969 1. Entity Name GOLDEN KETER CORP.	
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Principal Place of Business 5901 TURIN ST. CORAL GABLES, FL 33146	Mailing Address 5901 TURIN ST. CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0008271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE LA HOZ, LEOPOLDO 3785 NW 82ND AVE. STE 102 MIAMI, FL	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000060287 02/23/04-80034-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSENSON, ISIDORO 5901 TURIN ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSENSON, ALICIA 5901 TURIN ST. CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	2/18/04 Date	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		