2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90020 004 ***150.00

DOCUMENT # P02000043538

1. Entity Name
GOLD PLATING SPECIALTIES, INC.

Principal Place of Business	Mailing Address
~~6044 TIMBERWOOD CICRLE~~	~~6044 TIMBERWOOD CICRLE~~
~~#228~~	~~#228~~
FORT MYERS, FL 33908	FORT MYERS, FL 33908

54008747

02132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16520 S. Tamiami Tr	16520 S. Tamiami Tr
Suite, Apt. #, etc.: 18-283	Suite, Apt. #, etc.: 18-283
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number 33-1004910 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STULAK, JILL
~~6044 TIMBER WOOD CIRCLE~~
~~#228~~
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name: Stulak, Jill
Street Address (P.O. Box Number is Not Acceptable): 16520 S. Tamiami Trail
#18-283
City: Fort Myers FL Zip Code: 33908

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] Jill Stulak president 2-15-04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	Stulak, Jill	☑ Change ☐ Addition
NAME	STULAK, JILL		NAME	16520 S. Tamiami Trail	
STREET ADDRESS	~~6044 TIMBERWOOD CIRCLE #228~~		STREET ADDRESS	#18-283	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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		
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 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: [signature] Jill Stulak president 2-15-04 239-851-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #