

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90002 043 \*\*\*150.00

<b>DOCUMENT # P02000093631</b> 1. Entity Name <b>GOLDEN ISLES BUSINESS CENTER, INC.</b>					
Principal Place of Business <b>501 GOLDEN ISLES DRIVE SUITE 201 E HALLANDALE BEACH, FL 33009</b>			Mailing Address <b>501 GOLDEN ISLES DRIVE SUITE 201 E HALLANDALE BEACH, FL 33009</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILLIAMS, PATRICK 501 GOLDEN ISLES DRIVE SUITE 201 E HALLANDALE BEACH, FL 33009</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, PATRICK 501 GOLDEN ISLES DRIVE, SUITE 201 E HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IRVING, PETER 501 GOLDEN ISLES DRIVE, SUITE 201 E HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, HOPETON 501 GOLDEN ISLES DRIVE, SUITE 201 E HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/13/05</b> Daytime Phone # <b>(954) 89-8000</b>		

ATTACHMENT

40085159

3/30/05 1:03 PM



## Division of Corporations

### 2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000093631
Business Entity Name	GOLDEN ISLES BUSINESS CENTER, INC.
Original File Date	08/28/2002

FEI Number 11-3651824

Principal Address 501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009

Mailing Address 501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009

Registered Agent PATRICK WILLIAMS  
501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009

#### Officer/Director Name And Address

PD  
PATRICK WILLIAMS  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009

STD  
PETER IRVING  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009

VD  
HOPETON ANDERSON  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009