

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000093631

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN ISLES BUSINESS CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 11-3651824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, PATRICK  
Address: 501 GOLDEN ISLES DRIVE, SUITE 201 E  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD  
Name: IRVING, PETER  
Address: 501 GOLDEN ISLES DRIVE, SUITE 201 E  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD  
Name: ANDERSON, HOPETON  
Address: 501 GOLDEN ISLES DRIVE, SUITE 201 E  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK WILLIAMS

PD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date