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Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90006 020 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0 2000116321

1. Entity Name GOLD LEAF FINISHES INC
8050 NEVIS PL.
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

44049383

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2. Principal Place of Business	3. Mailing Address
8050 NEVIS PL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WELLINGTON, FL	City & State
Zip 33414 / Country USA	Zip / Country

4. FEI Number 32-0054470 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name EDUARDO POSADA
Street Address (P.O. Box Number is Not Acceptable) 8050 NEVIS PL.
City WELLINGTON FL Zip Code 33414

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] 07/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	EDUARDO POSADA
STREET ADDRESS	8050 NEVIS PL
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	VP/T
NAME	GLORIA C. DELGADILLO
STREET ADDRESS	8050 NEVIS PL.
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

EDUARDO POSADA, PRES.

SIGNATURE: [signature] 07/19/04 3055284495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)