

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90006 020 ***550.00

DOCUMENT # PO 2000116321	
1. Entity Name GOLD LEAF FUNNIES INC 8050 NEVIS PK. WELLINGTON, FL 33414	

DO NOT WRITE IN THIS SPACE

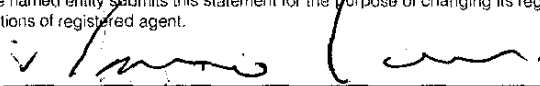
2. Principal Place of Business 8050 NEVIS PK	3. Mailing Address SAVER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WELLINGTON, FL	City & State
Zip 33414 Country USA	Zip Country

44049383

DO NOT WRITE IN THIS SPACE

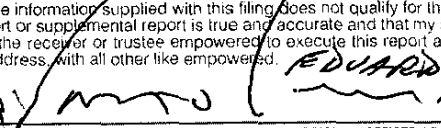
4. FEI Number 32-0054470	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name EDUARDO POSADA	
	Street Address (P.O. Box Number is Not Acceptable) 8050 NEVIS PK.	
	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.	DATE 07/19/04
SIGNATURE 	

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S EDUARDO POSADA 8050 NEVIS PK WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P GLORIA C. DELGADILLO 8050 NEVIS PK WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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)(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.	DATE 07/19/04 DAYTIME PHONE 3055284495
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)