

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90161 024 \*\*\*150.00

**DOCUMENT # P03000014483**

1. Entity Name  
**GOLDEN EAGLE INVESTMENTS INTERNATIONAL CORP.**



Principal Place of Business  
**18948 NE 5 AVENUE  
 NORTH MIAMI BEACH, FL 33179**

Mailing Address  
**18948 NE 5 AVENUE  
 NORTH MIAMI BEACH, FL 33179**

**54052727**

2. Principal Place of Business  
**7247 NW 54<sup>th</sup>**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1455 TALLEVAST RD**  
 Suite, Apt. #, etc.  
**L9342**

City & State  
**MIAMI FL**

City & State  
**SARASOTA FL**

Zip  
**33166** Country **USA**

Zip  
**34243** Country **USA**



05032004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**ELLIS, TONYA  
 2222 VAN BUREN STREET  
 #19  
 HOLLYWOOD, FL 33020**

4. FEI Number Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P	NAME PAUL, TERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18948 NE 5 AVENUE	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE VP	NAME CLARKE, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 18948 NE 5 AVENUE	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE S	NAME ELLIS, TONYA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2222 VAN BUREN STREET #19	CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME TERRY PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1455 TALLEVAST RD L9342	CITY-ST-ZIP SARASOTA FL 34243	
TITLE VP	NAME JIM WILLIAMS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10029 SW 223 LANE	CITY-ST-ZIP MIAMI FL 33190	
TITLE S	NAME ALPIN RUSSELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7247 NW 54 <sup>th</sup>	CITY-ST-ZIP MIAMI FL 33166	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: Terry Paul **Terry Paul** **5/3/04** **786 302 0644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #