


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90040 036 ***150.00

DOCUMENT # P03000044649		
1. Entity Name THE GOLDEN ELEPHANT, INC.		

Principal Place of Business 178 LAKEVIEW DRIVE 102 WESTON, FL 33326 US	Mailing Address 178 LAKEVIEW DRIVE 102 WESTON, FL 33326 US
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2. Principal Place of Business 1466 MIRAVISTA CIRCLE Suite, Apt. #, etc.	3. Mailing Address 1466 MIRAVISTA CIRCLE Suite, Apt. #, etc.
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City & State WESTON FL	City & State WESTON FL	4. FEI Number 20-1397165	Applied For Not Applicable
Zip 33327	Country U.S.	Zip 33327	Country U.S.

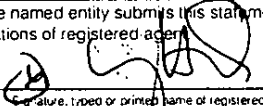
40092024



05052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DANIEL, YVETTE M 210 LAKEVIEW DRIVE F-108 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1466 MIRAVISTA CIRCLE City WESTON FL Zip Code 33327	
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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.

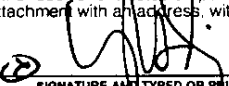
SIGNATURE  DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DANIEL, YVETTE M 210 LAKEVIEW DRIVE #F-108 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1466 MIRAVISTA CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ESTRADA, RAUL E 210 LAKEVIEW DRIVE #F-108 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1466 MIRAVISTA CIRCLE WESTON, FL 33327
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
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 exemptions contained in Chapter 119, 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:  DATE 5/9/2006 DAYTIME PHONE 954-39-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR