

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90284 041 ***150.00

DOCUMENT # P03000057848

1. Entity Name
GOLDEN KINGDOM, INC.



Principal Place of Business

**2920 C NW 5TH AVE
MIAMI, FL 33127**

Mailing Address

**2920 C NW 5TH AVE
MIAMI, FL 33127**

94034100



2. Principal Place of Business

4158 NW 132 ST

3. Mailing Address

4158 NW 132 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

06-1697037

Applied For

Not Applicable

Zip

33054

Country

Zip

33054

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MING, LIN
5326 NW 190 STREET
OPA LOCKA, FL 33055**

Name

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

4158 NW 132 ST

City

MIAMI

FL

Zip Code **33054**

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 **MING**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/14/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
MING, LIN
5326 NW 190 STREET
OPA LOCKA, FL 33055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4158 NW 132 ST
MIAMI, FL 33054** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 **MING**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

Daytime Phone #