


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90550 001 \*\*\*300.00

<b>DOCUMENT # P03000060951</b>	
<b>1. Entity Name</b> GOLDWIN REALTY, INC.	

<b>Principal Place of Business</b> 5829 NW 17 PLACE, STE. #8 SUNRISE, FL 33313	<b>Mailing Address</b> 5829 NW 17 PLACE, STE. #8 SUNRISE, FL 33313
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 1128 Royal Palm Bch Blvd # 101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Royal Palm Beach, FL
Zip	Zip 33411
Country	Country USA



03022004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 56-2382651	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b> BROWN, SHERRON H 4631 NW 31 AVE., #236 FT. LAUDERDALE, FL 33309
---

<b>7. Name and Address of New Registered Agent</b> Name: Richard H. Gaines, atty Street Address (P.O. Box Number is Not Acceptable) 100 West Cypress Creek Road Trade Centre South, Suite 700 City: Fort Lauderdale FL Zip Code: 33309
---

<b>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.</b> SIGNATURE: <i>Richard H. Gaines</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 3/4/04
---	--------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete WILKINSON, SHERRON H 5829 NW 17 PLACE, STE. #8 SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director, President Brown, Sherron H. 1128-101 Royal Palm Beach Blvd Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> <i>Sherron H. Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/2/2004 Daytime Phone #: 954-821-1514