2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/21/
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FILED
Jun 07, 2004 8:00 am
Secretary of State
04-21-2004 90084 015 ***150.00

DOCUMENT # P03000073832

1. Entity Name
GOLDEAGLE 2003, CORPORATION

66426984

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
301 E ROYAL PALM RD STE 2E BOCA RATON FL 33432	301 E ROYAL PALM RD STE 2E BOCA RATON FL 33432
2. Principal Place of Business: 431 W. CAMINO Real	3. Mailing Address: 431 W. Camino Real
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33432 Country: PALM BEACH	Zip: 33432 Country: PALM BEACH

4. FEI Number: [redacted]-8 ☐ Applied For ☐ Not Applicable

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
SOSA, MARIA ~~301 E ROYAL PALM RD STE 2E~~ 431 W. CAMINO Real BOCA RATON FL 33432	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P SOSA, MARIA 431 W CAMINO REAL AP 3 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPOS, GEORGE 301 E ROYAL PALM RD STE 2E BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUGO ROSSI SECRETARY 431 W. CAMINO REAL Sh 3 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 / NAME / 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: _____ April 16, 2004 (561) 391-4698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #