

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90405 012 ***150.00

DOCUMENT # P03000105766 1. Entity Name GOLD KOSHER CATERING, INC.			
Principal Place of Business 19593 NE 10 AVE BLDG 4, BAY C & D MIAMI, FL 33179		Mailing Address 1960 SOUTH OCEAN DRIVE HALLANDALE, FL 33180	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19593 NE 10 AVE BLDG 4, Bay C & D MIAMI FL	
City & State MIAMI FL		4. FEI Number 20-0363055	
Zip 33179		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PINKHASOV, OLGA 1960 SOUTH OCEAN DRIVE HALLANDALE, FL 33180		7. Name and Address of New Registered Agent Name PINKHASOV, OLGA Street Address (P.O. Box Number is Not Acceptable) 19593 NE 10 AVENUE BLDG 4, Bay C & D City MIAMI FL Zip Code 33179	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PINKHASOV, OLGA STREET ADDRESS 1960 SOUTH OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 19593 NE 10 AVENUE CITY-ST-ZIP MIAMI FL 33179	<input checked="" 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
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 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: 04/29/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			