


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 038 \*\*\*150.00

<b>DOCUMENT # P03000131005</b>	
1. Entity Name <b>GOLDEN TEAM, INC.</b>	

Principal Place of Business <b>721 SW 36TH ST., #101 CAPE CORAL FL 33914</b>	Mailing Address <b>721 SW 36TH ST., #101 CAPE CORAL FL 33914</b>
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2. Principal Place of Business <b>4418 SW 16<sup>TH</sup> PL</b> Suite, Apt. #, etc.	3. Mailing Address <b>4418 SW 16<sup>TH</sup> PL</b> Suite, Apt. #, etc.
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City & State <b>CAPE CORAL</b>	City & State <b>CAPE CORAL</b>
Zip <b>FL</b>	Country <b>USA</b>
Zip <b>33914</b>	Country <b>U.S.A</b>

4. FEI Number <b>20-0843833</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KAHLERT, BERND 721 SW 36TH ST., #101 CAPE CORAL FL 33914</b>	
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7. Name and Address of New Registered Agent Name <b>KAHLERT, BERND</b> Street Address (P.O. Box Number is Not Acceptable) <b>4418 SW. 16<sup>TH</sup> PL</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33914</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHLERT, BERND</b> <b>721 SW 36TH ST., #101</b> <b>CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KAHLERT, BERND</b> <b>4418 SW. 16<sup>TH</sup> PL</b> <b>CAPE CORAL, FL 33914</b> <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
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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.	
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<b>SIGNATURE:</b> 	<b>4/12/05</b> Date	<b>239-549-4540</b> Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		