

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000038457

1. Entity Name  
GOLDEN GLADES G.N., INC.



Principal Place of Business  
10 NE 167TH STREET  
MIAMI, FL 33162 US

Mailing Address  
10 NE 167TH STREET  
MIAMI, FL 33162 US



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0499058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHYKOBABA, HULIVER  
215 S.E. 3RD AVENUE  
APT 204A  
FORT LAUDERDALE, FL 33009

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	CHYKOBABA, HULIVER
STREET ADDRESS	215 S.E. 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33009

TITLE	VP
NAME	HLUSHKO, NADIYA
STREET ADDRESS	215 S.E. 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33009

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

000000552476  
05/15/06-80013-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

DATE

954536402

DESIGNER PHONE #