

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094863

Entity Name: GOLDEN PARTNERS, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

321 SW DWIGHT AVE.  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

321 SW DWIGHT AVE.  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

FEI Number: 56-2624483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JIMENEZ, HUGO O  
321 SW DWIGHT AVE.  
PORT ST. LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

JIMENEZ, HUGO O P.  
321 SW DWIGHT AVE.  
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: HUGO O. JIMENEZ

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JIMENEZ, HUGO O P  
Address: 321 SW DWIGHT AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V ( ) Delete  
Name: JIMENEZ, LUIS O V  
Address: 167 SW GROVE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S ( ) Delete  
Name: JIMENEZ, MARCELA  
Address: 11458 REXMERE BLVD.  
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete  
Name: JIMENEZ, ALEX  
Address: 11458 REXMERE BLVD.  
City-St-Zip: DAVIE, FL 33325

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: JIMENEZ, LUIS O V  
Address: 1500 NE 35 TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: S (X) Change ( ) Addition  
Name: JIMENEZ, MARCELA S.  
Address: 11458 REXMERE BLVD.  
City-St-Zip: DAVIE, FL 33325

Title: F (X) Change ( ) Addition  
Name: JIMENEZ, ALEX F.  
Address: 11458 REXMERE BLVD.  
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Change (X) Addition  
Name: POST, MYRIAM J T.  
Address: 321 SW DWIGHT AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO O. JIMENEZ

P.

04/28/2008

Electronic Signature of Signing Officer or Director

Date