

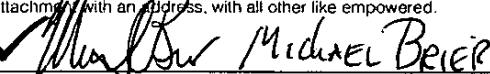


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 044 ***550.00

DOCUMENT # P04000099504 1. Entity Name GOLDEN GATE FAMILY CORPORATION					
Principal Place of Business 3968 194TH TRAIL SUNNY ISLES BEACH, FL 33160				Mailing Address 3968 194TH TRAIL SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business GOLDEN GATE FAMILY CORP. Suite, Apt. #, etc. 3968 194th Trail		3. Mailing Address c/o A. JEFFREY BARASH, P.A. Suite, Apt. #, etc. 1140 Kane Concourse-4th FL			
City & State Sunny Isles Beach, FL		City & State Bay Harbor Islands, FL		4. FEI Number 74-3127158	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIER, MICHAEL 3968 194TH TRAIL SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name c/o A. JEFFREY BARASH, P.A. Street Address (P.O. Box Number is Not Acceptable) 1140 Kane Concourse; 4th FL City Bay Harbor Islands FL Zip Code 33154			
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRIER, MICHAEL 3968 194TH TRAIL SUNNY ISLES BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORTUNAS-BRIER, MARIE 3968 194TH TRAIL SUNNY ISLES BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FORTUNAS, MARY 6312 MAHAN DR TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MATZIN, JANE 3505 WINDMILL RANCH ROAD WESTON, FL 33331		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:  MICHAEL BRIER			Date 8/29/05 Daytime Phone # 305 937-0824		