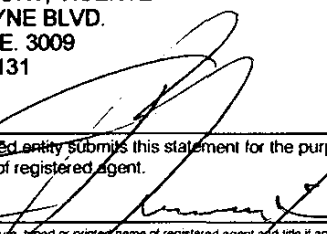
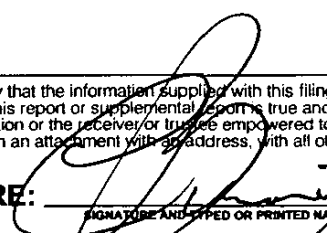


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115711 1. Entity Name GOLDEN SECRET INVESTMENT, INC.			
Principal Place of Business 701 NE 17 CT. FT. LAUDERDALE, FL 33305		Mailing Address 701 NE 17 CT. FT. LAUDERDALE, FL 33305	
2. Principal Place of Business - No P.O. Box # 5575 NW 36 ST		3. Mailing Address Suite, Apt. #, etc. Miami	
Suite, Apt. #, etc. Miami		Suite, Apt. #, etc. FL	
City & State FL		City & State FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 34-2009578		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ-GORT, VICENTE 335 S. BISCAYNE BLVD. E. TOWER STE. 3009 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CECILIO R. MATIAS Street Address (P.O. Box Number is Not Acceptable) 5575 NW 36 ST City MIAMI FL Zip Code 33166	
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  08/09/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD ☐ Delete NAME MATIAS, CECILIO STREET ADDRESS 335 S. BISCAYNE BLVD. E. TOWER., STE 3009 CITY-ST-ZIP MIAMI, FL 33131	TITLE K.R. JORGE OJEDA ☐ Change ☒ Addition NAME 5575 NW 36 ST STREET ADDRESS MIAMI CITY-ST-ZIP FL, 33166	TITLE SD ☐ Delete NAME GONZALEZ-GORT, VINCENTE STREET ADDRESS 335 S. BISCAYNE BLVD. E. TOWER., STE 3009 CITY-ST-ZIP MIAMI, FL 33131	TITLE D. NORBERTO LAZARO ALFREDO ☐ Change ☒ Addition NAME 5575 NW 36 ST STREET ADDRESS MIAMI CITY-ST-ZIP FL 33166
TITLE TD ☒ Delete NAME ALOM, ALBERTO STREET ADDRESS 335 S. BISCAYNE BLVD. E. TOWER., STE 3009 CITY-ST-ZIP MIAMI, FL 33131	TITLE 7/8/10 ☐ Change ☐ Addition NAME 000108026350 STREET ADDRESS 08/14/07--01010--014 CITY-ST-ZIP **150.00	TITLE VD ☒ Delete NAME CUELLAR, EVIAN STREET ADDRESS 10364 FAIRWAY HEIGHTS BLVD. CITY-ST-ZIP MIAMI, FL 331571559	TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP
TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP	TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP
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 reports 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:  08/09/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

07 AUG 10 PM 4:56

STATE
OF FLORIDA



08092007 Chg-P CR2E034 (12/06)

4. FEI Number
34-2009578

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

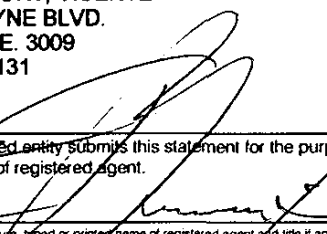
Name **CECILIO R. MATIAS**

Street Address (P.O. Box Number is Not Acceptable)

5575 NW 36 ST

City **MIAMI** **FL** Zip Code **33166**

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  08/09/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
PTD ☐ Delete
NAME
MATIAS, CECILIO
STREET ADDRESS
335 S. BISCAYNE BLVD. E. TOWER., STE 3009
CITY-ST-ZIP
MIAMI, FL 33131

TITLE
SD ☐ Delete
NAME
GONZALEZ-GORT, VINCENTE
STREET ADDRESS
335 S. BISCAYNE BLVD. E. TOWER., STE 3009
CITY-ST-ZIP
MIAMI, FL 33131

TITLE
TD ☒ Delete
NAME
ALOM, ALBERTO
STREET ADDRESS
335 S. BISCAYNE BLVD. E. TOWER., STE 3009
CITY-ST-ZIP
MIAMI, FL 33131

TITLE
VD ☒ Delete
NAME
CUELLAR, EVIAN
STREET ADDRESS
10364 FAIRWAY HEIGHTS BLVD.
CITY-ST-ZIP
MIAMI, FL 331571559

TITLE
☐ Delete
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
☐ Delete
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
K.R. JORGE OJEDA ☐ Change ☒ Addition
NAME
5575 NW 36 ST
STREET ADDRESS
MIAMI
CITY-ST-ZIP
FL, 33166

TITLE
D. NORBERTO LAZARO ALFREDO ☐ Change ☒ Addition
NAME
5575 NW 36 ST
STREET ADDRESS
MIAMI
CITY-ST-ZIP
FL 33166

TITLE
7/8/10 ☐ Change ☐ Addition
NAME
000108026350
STREET ADDRESS
08/14/07--01010--014
CITY-ST-ZIP
****150.00**

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #