
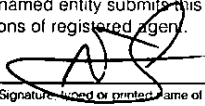
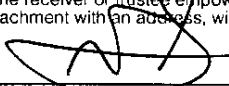


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138586 1. Entity Name GOLDEN PLAZA OF MIAMI, INC.			
Principal Place of Business 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134		Mailing Address 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134	
2. Principal Place of Business 711 BILTMORE WAY Suite, Apt. #, etc. 603 City & State CORAL GABLES - FL Zip 33134 Country USA		3. Mailing Address 711 BILTMORE WAY Suite, Apt. #, etc. 603 City & State CORAL GABLES - FL Zip 33134 Country USA	
4. FEI Number 83-0408347		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUVE, ALEXA 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ALEXA KUVE Street Address (P.O. Box Number is Not Acceptable) 711 BILTMORE WAY #603 Coral Gables FL 33134	
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  Alexa Kuve DU DATE 02/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	DP LEON, YVETTE 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBE, SALOMON 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBE, REINALDO 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBE, ALEXA DO 1 ALHAMBRA CIRCLE #404 CORAL GABLES, FL 33134 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBE ALEXA 711 BILTMORE WAY #603 CORAL GABLES - FL 33134 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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:  Alexa Kuve <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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