

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000096610

1. Entity Name
GOLDEN CHICKEN INC.



FILED

06 DEC 11 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1555 S SEMORAN BLVD STE 1181
WINTER PARK, FL 32792

Mailing Address
2282 HEATHWOOD CIRCLE
ORLANDO, FL 32828

2. Principal Place of Business

3. Mailing Address

1297 Darnaby Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12052006

Chg-P

CR2E034 (11/05)

City & State

City & State
Orlando, FL

4. FEI Number

20-3125725

Applied For

Not Applicable

Zip

Country

Zip

32824

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIS, MAGALY
2282 HEATHWOOD CIRCLE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name
Gustavo Insuasti

Street Address (P.O. Box Number is Not Acceptable)
1297 Darnaby Way

City
Orlando

FL

Zip Code
32824

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

12/5/06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
LEVIS, MAGALY
STREET ADDRESS
2282 HEATHWOOD CIRCLE
CITY-ST-ZIP
ORLANDO, FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PSTD
Insuasti, Gustavo
STREET ADDRESS
1297 Darnaby Way
CITY-ST-ZIP
Orlando, FL 32824 ☒ Change ☐ Addition

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

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

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

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: X

Gustavo Insuasti, Pres.

12/05/06

407 8545656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12