2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032945

Entity Name: GOLDEN TRAFFIC, CORP

FILED Apr 01, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
4699 N. STATE RD 7 SUITE C-5					3890 W. COMMERCIAL BLVD STE # 219				
	ALE LAKES, FL	33319	В		TAMARAC,	FL 33309	В		
Current Mailing Address:					New Mailing Address:				
4699 N. STATE RD 7 SUITE C-5 LAUDERDALE LAKES, FL 33319 B					3890 W. COMMERCIAL BLVD STE 219 SUITE C-5 TAMARAC, FL 33309 B				
FEI Number:	71-1002883	FEI Numbe	er Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desi	red (X)	
Name and Address of Current Registered Agent: N						Name and Address of New Registered Agent:			
ROBENSON, RYA 2600 NW 55 AVE 311 LAUDERHILL, FL 333123 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.									
SIGNATUR		Signatur	e of Registered Agen	+			Date		
Election Cam	paign Financing	_		ι			Date		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () C TURENE, FRANT 4699 N. STATE R LAUDERDALE LA	D 7 SUITE			Title: Name: Address: City-St-Zip:	TURENE, JEAN	1ERCIAL BLVD SUITE # 219)	
Title: Name: Address: City-St-Zip:	() □	elete			Title: Name: Address: City-St-Zip:	MOMPEROUSS	IERCIAL BLVD STE 219		
Title: Name: Address: City-St-Zip:	() [elete			Title: Name: Address: City-St-Zip:	D () TURENE LIONE 6411 NW 26 ST SUNRISE, FL 3	REET		
Title: Name: Address: City-St-Zip:	() [elete			Title: Name: Address: City-St-Zip:	D () MAJORIE GERN 1820 N. UNIVER PLANTATION, F	RSITY DR		
Title: Name: Address: City-St-Zip:	() [elete			Title: Name: Address: City-St-Zip:	DANIELLE LIND 10240 FLOREN			
Title: Name: Address: City-St-Zip:	()[elete			Title: Name: Address: City-St-Zip:	FRANCOIS SM	RCIAL BLVD STE 214		

I hereby certify that the information supplied with this filing does not qualify for the 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: TURENE J. FRANTZ P 04/01/2007