


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 047 ***150.00

DOCUMENT # P06000106948	
1. Entity Name GOLDEN ANGEL TOURS, INC.	

Principal Place of Business 13155 IXORA COURT 210 MIAMI, FL 33181 US	Mailing Address 13155 IXORA COUT 210 MIAMI, FL 33181 US
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2. Principal Place of Business - No P.O. Box # P.O. Box 4645	3. Mailing Address P.O. Box 4645
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miam. Bch FL	City & State Miam. Bch FL
Zip 33141	Country
Zip 33141	Country

40047654



02022008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ZAPATA, MONICA L MS. 13155 IXORA CT 210 MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Apt. 806 City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11---	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPATA, MONICA L MS. 13155 IXORA CT. MIAMI, FL 33181 <input type="checkbox"/> Delete # 806	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
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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: _____ **2/2/08** **786/551-5912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #