



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90025 003 \*\*\*158.75

<b>DOCUMENT # P06000141552</b> 1. Entity Name <b>GOLDEN CROWN ACQUISITIONS, INC.</b>					
Principal Place of Business <b>140 NW 14TH AVENUE #2</b> <b>MIAMI, FL 33125</b>			Mailing Address <del>500 MAY 33125</del> <del>MIAMI, FL 33132-3146</del>		
2. Principal Place of Business - No P.O. Box # <b>140 NW 14th Avenue</b> Suite, Apt. #, etc. <b># 2</b>			3. Mailing Address <b>P.O. Box 523146</b> Suite, Apt. #, etc.		
City & State <b>Miami FLORIDA</b>			City & State <b>Miami FLORIDA</b>		
Zip <b>33125</b>		Country <b>MIAMI-DADE</b>		Zip <b>33152-3146</b>	
Country <b>MIAMI-DADE</b>		4. FEI Number <b>20-5854106</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BENITO, MARTHA J</b> <b>140 NW 14TH AVENUE #2</b> <b>MIAMI, FL 33125</b>			7. Name and Address of New Registered Agent Name <b>MARTHA J. BENITO</b> Street Address (P.O. Box Number is Not Acceptable) <b>140 NW 14TH AVENUE #2</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33125</b>		
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  DATE <b>02/13/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BENITO, MARTHA J 140 NW 14TH AVENUE #2 MIAMI, FL 33125		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			02/13/07 (305) 321-6301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		