

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-16-2008 90023 015 ***150.00
P07000001555

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STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08



DOCUMENT # P07000001555		
1. Entity Name GOLD TOWN, INC.		

Principal Place of Business 3015 NW 79TH STREET #D - 9 & 10, #T - 50 & 51 MIAMI, FL 33147	Mailing Address 3015 NW 79TH STREET #D - 9 & 10, #T - 50 & 51 MIAMI, FL 33147
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0385294	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIM, MYONG H 3015 NW 79TH STREET #D - 9 & 10, #T - 50 & 51 MIAMI, FL 33147	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:	4/28/08
Signature (typed or printed name of registered agent and state if applicable) (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. ☐	\$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	PRES KIM, MYONG H 3710 SW 106TH AVE MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC KIM, YONG S 3710 SW 106TH AVE MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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:	4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	