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Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 022 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000074186

1. Entity Name
CONNIE GOLDEN SERVICES, INC

Principal Place of Business	Mailing Address
4932 SW 45TH AVE. FT. LAUDERDALE, FL 33314	4932 SW 45TH AVE. FT. LAUDERDALE, FL 33314

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0430444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANGEL, DIOMAR C
4932 SW 45TH AVE.
FT. LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] 04-25-08
Signature, typed or printed name of registered agent and title 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	RANGEL, DIOMAR C		NAME
STREET ADDRESS	4932 SW 45TH AVE.		STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314		CITY-ST-ZIP
TITLE	VSD	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	CARDENAS, SERGIO		NAME
STREET ADDRESS	4932 SW 45TH AVE.		STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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.

Diomar C. Rangel Sergio Cardenas

SIGNATURE: [signature] 04-25-08 T 786 285-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #