2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049214

Entity Name: GOLDEN KEY PLAZA II, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	I STREET #2209 ILES BEACH, FL 33160			
Current Mailing Address:		New Mailing Address:		
	I STREET #2209 LES BEACH, FL 33160			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SHAPIRO 16375 NE N MIAMI B	IRA R 18TH AVE SUITE 225 EACH, FL 33162 US			
	named entity submits this statement for the perfection of the perf	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RF.			
0.0.0.	Electronic Signature of Registered Ag	ent	 Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SHUTOV, LEONID 230 174TH STREET #2209 SUNNY ISLES BEACH, FL 33160	Name: SHUTOV, LEO Address: 230 174TH ST		
Title: Name: Address: City-St-Zip:	D () Delete SHUTO, ITTA 230 174TH STREET #2209 SUNNY ISLES BEACH, FL 33160	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete SERDYUK, VIKTORIA 244 KENWOOD AVE STATEN ISLAND, NY 10312	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () Delete GORODETSKY, IGOR 244 KENWOOD AVE	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SHUTOV LEONID P 02/12/2009

STATEN ISLAND, NY 10312

City-St-Zip: