2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000010722

1. Entity Name
GOLDEN PROPERTIES, INC.

Principal Place of Business	Mailing Address
1528 S. DIXIE HWY POMPANO BEACH, FL 33060	1528 S. DIXIE HWY STE 2 POMPANO BEACH, FL 33060

FILED

May 25, 2005 8:00 am

Secretary of State

05-25-2005 90004 049 ***150.00

05222005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0374001	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DONNAHOE, PRINCE A IV, ESQ
1200 S. PINE ISLAND ROAD
470
PLANTATION, FL 33324

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DST
NAME	LABIDOU, MARC
STREET ADDRESS	1528 S. DIXIE HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	P,VP
NAME	LABIDOU, MARC
STREET ADDRESS	1528 S. DIXIE HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   _____ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #