FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name

P92000015118 (2)

GOLDEN ACCOUNTING AND COMPUTER SERVICES, INC.

1213 SW 68 ST APT COS										
APT COV MANUE IT, 33176	Principal Place of Business Mailing Address							I BENIN BURN AN		11061 11061 1011 1661
Principal Pace of Business	APT C204 APT C204									
Suito, Api, 4, etc.	MIAMI FL 33176 MIAMI FL 33176						,			,
Suite, Apt. 4, etc. 27 27 27 27 27 27 28 28	2. Principal Pla	ce of Business	2a. Mailing Address	iling Address						<u> </u>
City & State	21						65-0395394			Not Applicable
29	 -1	· ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fe	e Required	
Second S										•
S. Name and Address of Current Registered Agent				h	intry					
STEEL ADDRESS 1121 T SW 88 ST #C204 MIAMI FL 33176 Sections 607 0502 and 607 1508. Florids Statutes the above - named corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arms a submit with, and accept the obligations of. Section 607 0505, florids Statutes. SIGNATURE Symbors, typed for princed change of proposes apply and life it appeals MoNth Registered Apply supmit and state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arms familiar with, and accept the obligations of. Section 607 0505, florids Statutes. SIGNATURE Symbors, typed for princed change of proposes apply and life it appeals MoNth Registered Apply supmit and state in the princed agent. I arms familiar appeals MoNth Registered Apply supmit and submits this statement for the purpose of changing its registered agent. I arms familiar agent agent and life its appeals MoNth Registered Apply supmit and submits this statement for the purpose of changing its registered agent. I arms familiar agent agent and states. 12. OFFICERS AND DIRECTORS 13. In Title DATE	24		<u> </u>	30	Υ			. <i>J</i> Z	- and	
CENTENO, JUAN M 11217 SW 88 ST APT C204 MAMI FL 33176 11. Fursaint to the provisions of Sections 607 0502 and 607.1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the optiogators of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the optiogators of Sections 607.0505. Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Section 607.0505. Florids Statutes SIGNATURE Signification for protest nation of registered agent. I am familiar with and accept the obligators of Section 607.0505. Florids Statutes 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFF		9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New H	egistereo A	gent	
11217 SW 88 ST APT C204 B3 B4 City FL B5 Zo Code	A							1-3		
MAMI FL 33176	11217 8	SW 88 ST		!		Street Addres	SS (P.O. Box Number is Not Acceptad	Ю)		
1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered of directors. I hereby accept the appointment as registered agent. I am registered age					03					
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607 (5055, Florida Statutes.) 12	MIAMI F	L 33176			84	City		FL	85	Zip Code
THILE	or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz ion 607.0505, Florida Statutes	ed by the o	corpc	ration's board	of directors. I hereby accept the app	ointment as	egister	red agent. I am
NAME	12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF			
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14. Let be be be useful that the information a policy with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further	CITY-ST-ZIP	MIAMI FL 33176	with this files is not intend to				r the exemption stated in Section 110	07/3)/L\ EIA	rida St	atutes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer orderector 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: