


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000015118	
1. Entity Name GOLDEN ACCOUNTING AND COMPUTER SERVICES, INC.	

Principal Place of Business 9451 SW 164 CT APT C204 MIAMI, FL 33196 US	Mailing Address 9451 SW 164 CT APT C204 MIAMI, FL 33196 US
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0395394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CENTENO, JUAN M 9451 SW 164 CT APT C204 MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE
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 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENTENO, JUAN M 9451 SW 164 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENTENO, MARTHA 9451 SW 164 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENTENO, MANUEL A 9451 SW 164 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CENTENO, JUSTIN 9451 SW 164 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLANOS, LISSETTE 9451 SW 164 CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CENTENO, MAURICIO A 9451 SW 164 CT MIAMI, FL 33196

U000000093394
03/22/04-80016-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mauricio A. Centeno SD **3/20/04 305 500 5248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #