FOR PROFIT CORPORATION

M`BUSINESS REPORT (UBR)'` P920000 15118 **DOCUMENT#** 1. Entity Name Golden Accounting; Complex FILED Services, Inc. 03 APR 14 PM 2: 34 SETTETALLY OF STATE DO NOT WRITE IN THIS SPACE 100015327371 04/07/03--01002--020 \*\*150.00 2. Principal Place of Business 3. Mailing Address 9451 SW 9451 Sw 164 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0395394 1iam Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33196 33196 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE CT Miami 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) January - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE enteNO NAME NAME STREET ADDRESS STREET ADDRESS 94515W, 164 CT. CITY ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE TITLE stiw Centerro-NAME NAME SW 164 CT STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP auricio Centeno-SD TITLE TITLE NAME NAME 9451 SW 164 CT STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33196 CITY-ST-ZIP 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, Norida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: