FROM : A-M-VIVANCOS-ACCOUNTING- ..... PHONE NO. : 30582225

**FILED**
**Jun 05, 2008 8:00 am**
**Secretary of State**
06-05-2008 90001 024 ***150.00

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000000990

1. Entity Name
GOLDEN LINE EXPRESS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1950 NW 82 AVENUE<br>DORAL, FL 33126 US | 1950 NW 82 AVENUE<br>DORAL, FL 33126 US |

DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0376902

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VALLE, RAUL
MIAMI, FL 33185

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | DEL VALLE, RAUL |
| STREET ADDRESS | 15407 S.W. 32 TR. |
| CITY-ST-ZIP | MIAMI, FL 33185 |
| TITLE | VP |
| NAME | ARCE, JOSE |
| STREET ADDRESS | 15438 S.W. 41 TR. |
| CITY-ST-ZIP | MIAMI, FL 33185 |
| TITLE | S |
| NAME | MADRIGAL, LUIS |
| STREET ADDRESS | 4670 S.W. 128 AVE. |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | ~~MADRIGAL, LUIS OR~~ DECEASED |
| STREET ADDRESS | 4670 SW 128 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33175 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Raul Del Valle Raul Del Valle 04/30/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #