


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 042 ***150.00

DOCUMENT # P94000010997					
1. Entity Name GOLDEN AGE MORTGAGE CORP.					
Principal Place of Business 245 MAIN STREET WHITE PLAINS, NY 10601			Mailing Address P.O. BOX 249 PURCHASE, NY 10577		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0462756	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASSIN, KEN 6499 TIMBER LANE BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name: <u>JEFF FELIX</u> Street Address (P.O. Box Number is Not Acceptable): <u>1601 SW 5TH STREET</u> City: <u>FT LAUDERDALE</u> FL Zip Code: <u>33317</u>		
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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>3/31/06</u> (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIDEL, MADELINE	NAME			
STREET ADDRESS	33 THE CROSSING	STREET ADDRESS			
CITY-ST-ZIP	PURCHASE, NY 10577	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORBE, THOMAS	NAME	<u>VP THOMAS BOREK</u>		
STREET ADDRESS	32 TIMBER LANE	STREET ADDRESS	<u>33 THE CROSSING</u>		
CITY-ST-ZIP	PURCHASE, NY 10877	CITY-ST-ZIP	<u>PURCHASE NY 10577</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>3/31/06</u>		Daytime Phone #: <u>914-696-0220</u>

