

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90380 014 ***150.00

DOCUMENT # P94000014901

1. Entity Name
GOLDIE USA, INC.



Principal Place of Business
**4100 W. KENNEDY BLVD
SUITE 213
TAMPA, FL 33609**

Mailing Address
**4100 W. KENNEDY BLVD
SUITE 213
TAMPA, FL 33609**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3236205

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAIRAMDAS, MANGHOO
4100 W. KENNEDY BLVD
SUITE 213
TAMPA, FL 33609**

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	JAIRAMDAS, MANGHOO
STREET ADDRESS	12909 CINNAMON PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DP
NAME	KOTHWALA, VINOD
STREET ADDRESS	7132 INGRAM ST.
CITY-ST-ZIP	FOREST HILLS, NY 11375
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manghoo Jairamdas

Date

Daytime Phone #

4/23/04