

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 028 ***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

2. Principal Place of Business

14502 N Dale Mabry Hwy
Suite, Apt. #, etc.
331

3. Mailing Address

14502 N Dale Mabry Hwy
Suite, Apt. #, etc.
331

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33618-2043

Country

Zip
33618-2043

Country

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3236205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14502 N Dale Mabry Hwy

Suite 331

City
Tampa

FL

Zip Code
33618-2043

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JAIRAMDAS, MANGHOO
12909 CINNAMON PLACE
TAMPA, FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KOTHWALA, VINOD
7132 INGRAM ST.
FOREST HILLS, NY 11375 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manghoo Jairamdas x 4/26/05 813 264 0455

Date

Daytime Phone #