

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.	
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Principal Place of Business 4100 W. KENNEDY BLVD SUITE 213 TAMPA, FL 33609	Mailing Address 4100 W. KENNEDY BLVD SUITE 213 TAMPA, FL 33609
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2. Principal Place of Business <i>14502 N Dale Mabry Hwy</i> Suite, Apt. #, etc. 331	3. Mailing Address <i>14502 N Dale Mabry Hwy</i> Suite, Apt. #, etc. 331
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04252005 Chg-P CR2E034 (10/03)

City & State <i>Tampa, FL</i>	City & State <i>Tampa, FL</i>
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4. FEI Number 59-3236205	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 33618-2043	Country	Zip 33618-2043	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) <i>14502 N Dale Mabry Hwy</i> Suite 331 City <i>Tampa</i> 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]* *V.P.* DATE: *4/26/05*

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DV JAIRAMDAS, MANGHOO <input type="checkbox"/> Delete STREET ADDRESS 12909 CINNAMON PLACE CITY-ST-ZIP TAMPA, FL 33624
TITLE	DP KOTHWALA, VINOD <input type="checkbox"/> Delete STREET ADDRESS 7132 INGRAM ST. CITY-ST-ZIP FOREST HILLS, NY 11375
TITLE	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
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TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 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: *[Signature]* *Manghee Jairamdas* DATE: *4/26/05* DAYTIME PHONE #: *813 264 0455*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #