

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000014901

1. Entity Name
GOLDIE USA, INC.



FILED
Apr 28, 2006 08:00 AM
Secretary of State

Principal Place of Business
14502 N DALE MABRY HWY, #331
TAMPA, FL 33618-2043

Mailing Address
14502 N DALE MABRY HWY, #331
TAMPA, FL 33618-2043



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
14502 N DALE MABRY HWY, #331
TAMPA, FL 33618-2043

**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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KOTHWALA, VINOD
7132 INGRAM ST.
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000542352
05/10/06-80094-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manghoo Jairamdas

Date

Daytime Phone #

4/26/06