



FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 028 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000011190			
1. Entity Name GOLD CONNECTION, INC.			
Principal Place of Business 4729 N CONGRESS AVE BOYNTON BEACH, FL 33426		Mailing Address 205 SW 34 AVE DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 8135 S. MILITARY TRAIL Suite, Apt. #, etc. # 103		3. Mailing Address Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State	
Zip 33436	Country USA	Zip	Country
6. Name and Address of Current Registered Agent PAPAZYAN, ARTIN 205 SW 34 AVE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD PAPAZYAN, ARTIN 205 SW 34 AVE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		ARTIN PAPAZYAN 3/16/06 561-444-0586	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03152006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0726630 Applied For Not Applicable

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