


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90038 045 \*\*\*150.00

<b>DOCUMENT # 271145</b>	
1. Entity Name <b>GOLDEN TOWERS NO.2., INC.</b>	

Principal Place of Business <b>15600 N.E. 6TH AVE 1C NORTH MIAMI BCH, FL 33162</b>	Mailing Address <b>15600 N.E. 6TH AVE 1C N MIAMI BCH, FL 33162</b>
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**54019556**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1059640</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>LABOSSIÈRE, MARC PA 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSSON, SUSAN		NAME	CUSSON, NORMAND	
STREET ADDRESS	15610 NE 6TH AVENUE, 24D		STREET ADDRESS	15610 NE 6TH AVENUE, 24D	
CITY-ST-ZIP	MIAMI, FL 33162-5271		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYAL, MONIQUE		NAME	BOLDUC, JEAN LOUIS	
STREET ADDRESS	15400 NE 6TH AVENUE, 32A		STREET ADDRESS	15610 N.E. 6TH AVENUE, 11D	
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSSON, NORMAND		NAME	LABERGE, PIERRETTE	
STREET ADDRESS	15610 NE 6TH AVENUE, 12D		STREET ADDRESS	15610 NE 6TH AVENUE, 10D	
CITY-ST-ZIP	MIAMI, FL 33162-5271		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDELICH, JEEN		NAME	CHABOT, MONIQUE	
STREET ADDRESS	15600 NE 6TH AVENUE, 14D		STREET ADDRESS	15600 NE 6TH AVENUE, 26A	
CITY-ST-ZIP	MIAMI, FLORIDA 33162-5271		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROTEAU, GILLES		NAME	LEMIRE, AUBERT	
STREET ADDRESS	15600 NE 6TH AVENUE, 30B		STREET ADDRESS	15600 NE 6TH AVENUE, 5D	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESTING, RICHARD R		NAME		
STREET ADDRESS	15610 NE 6TH AVENUE, 20D		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162-5271		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:**

*Marc P. Labossiere*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-04

Date

305-944-3945

Daytime Phone #