

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90395 019 ***150.00

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1. Entity Name

GOLDI (USA) INC.



Principal Place of Business

902 SPANISH MOSS TRAIL
PELICAN MARSH
NAPLES FL 34108
US

Mailing Address

902 SPANISH MOSS TRAIL
PELICAN MARSH
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0702493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENEDETTO, ROBERT D
~~5447 CASTELLO DR.~~
NAPLES FL 34103

4099 TAMIAOHI TRAIL
NORTH
SUITE 200
NAPLES FL 34103

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete

NAME TSCHOKE, ERNST
STREET ADDRESS 902 SPANISH MOSS TRIAL
CITY-ST-ZIP NAPLES FL 34109

TITLE VPT ☐ Delete

NAME TSCHOKE, SIGRID
STREET ADDRESS 902 SPANISH MOSS TRAIL
CITY-ST-ZIP NAPLES FL 34109

TITLE O ☐ Delete

NAME TSCHOKE, KEVIN
STREET ADDRESS KNUELLWEG 1
CITY-ST-ZIP HANAU, GERMANY 63456

TITLE O ☐ Delete

NAME TSCHOKE, DENNIS
STREET ADDRESS KNUELLWEG 1
CITY-ST-ZIP HANAU, GERMANY 63456

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ERNST TSCHOEKE)

MARCH 31, 2004

Date

Daytime Phone #

(239)
546-6051