2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085973

Entity Name: GOLDI (USA) INC

Address:

City-St-Zip:

KNUELLWEG 1

HANAU, GERMANY, HE 63456 DE

FILED Feb 25, 2009 Secretary of State

Littly Nai	ile. GOLDI (JOA) INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
SUITE 301	VENETO BLV PRINGS, FL :				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
801 LAUREL OAK DRIVE SUITE 303 NAPLES, FL 34108 US			SUITE 301	23650 VIA VENETO BLVD. SUITE 301 BONITA SPRINGS, FL 34134 US	
FEI Number:	65-0702493	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ANSPACH, ANN CPA 801 LAUREL OAK DRIVE SUITE 303 NAPLES, FL 34108 US			9130 GALLERIA CC SUITE 325	ANSPACH, ANN CPA 9130 GALLERIA COURT SUITE 325 NAPLES, FL 34109 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				02/25/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TSCHOEKE, E 23650 VIA VEN) Delete RNST NETO BLVD. # 301 IGS, FL 34134 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TSCHOEKE, S KNUELLWEG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DR. TSCHOEK		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	O (TSCHOEKE, D) Delete ENNIS	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ERNST TSCHOEKE PRES 02/25/2009