

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000096813**

1. Entity Name  
 OUR GOLDEN HOME CORPORATION OF FLORIDA



Principal Place of Business      Mailing Address

18400 NW 81 COURT      18400 NW 81 COURT  
 HIALEAH, FL 33015 US      HIALEAH, FL 33015 US



**DO NOT WRITE IN THIS SPACE**

02202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0706053      Not Applicable

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

6. Name and Address of Current Registered Agent

BELOW, ANA TERESA  
 431 WEST 31 PLACE  
 HIALEAH, FL 33012

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLANCO, FARA JULIA
STREET ADDRESS	420 WEST 31 PLACE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V
NAME	BELOW, ANA TERESA
STREET ADDRESS	420 WEST 31 PLACE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/05/05-80006-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ana T. Belon*    Ana T. Belon V-President    3-125    305-512-8849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #