

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000096950

1. Entity Name
GOLDEN DELTA, INC.



Principal Place of Business
874 CYPRESS PKWY
POINCIANA, FL 34759 US

Mailing Address
874 CYPRESS PKWY
POINCIANA, FL 34759 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3413042

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

CHU, SUZANNA
13201 LUXBURY LOOP
ORLANDO, FL 34759

Name
CHUN S. LAU
Street Address (P.O. Box Number is Not Acceptable)

874 CYPRESS PKWY
City
KISSIMMEE FL Zip Code
34759

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: CHUN S. LAU 6-6-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees
300107467483
06/07/07--01059--002 **70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS CHU, MING YIN
CITY-ST-ZIP 1708 E RAVENWOOD CR
KISSIMMEE, FL ☒ Delete

TITLE
NAME P
STREET ADDRESS DANHUI SANG
CITY-ST-ZIP 5305 WATERVISTA DR
ORLANDO FL 32821 ☒ Change ☐ Addition

TITLE
NAME VP
STREET ADDRESS LAU, CHUN S
CITY-ST-ZIP 447 FOREST WOOD LN
MAITLAND, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS SUSANNA, CHU
CITY-ST-ZIP 13201 LUXBURY LOOP
ORLANDO, FL 32837 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS FAN, HING K
CITY-ST-ZIP 3556 AMACA CR
ORLANDO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: CHUN S. LAU 6-6-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 JUL 30 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

