2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P98000007132** 05-04-2005 90101 020 ***150.00 1. Entity Name GOLDEN LUXURY, INC. Principal Place of Business Mailing Address **5700 OKEECHOBEE BLVD** PO BOX 16893 14016131 WEST PALM BEACH, FL 33417 #907 WEST PALM BEACH, FL 33417 2. Principal Place of Business 3. Mailing Address N. Comaress Ave 801 N. Conares Ave Suite, Apt. #, etc Suite, Apt. #, etc 04222005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 65-0805856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent +2adia√ AZADIAN, TALINE O. Box Number is Not Acceptable) 5700 OKEECHOBEE BLVD #907 WEST PALM BEACH, FL 33417 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 a the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Delete Change TITLE TITLE ☐ Addition AZADIAN, TALINE NAME NAME 5700 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Poirector ☐ Addition Change TITLE HELGA AZADIAN NAME AZADIAN, HELGA NAME 801 N. Congress Ave Store # 89 5700 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP ounton' ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered changed, or on an attach Helga Azadian SIGNATURI NAME OF SIGNING OFFICER OR DIR Davtime Phone

FILED

May 04, 2005 8:00 am