2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000010881

Entity Name: GOLDEN ABBEY ENTERPRISES, II, INC.

FILED Mar 25, 2003 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--------------------------------|---|--|--|
| | BERT STREE ANGE, FL 32 ⁻ | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | BERT STREE ANGE, FL 32° | | | | |
| FEI Number | : 59-3545800 | FEI Number Applied For() | FEI Number Not Appl | icable () Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and | Address of New Registered Agent: | |
| 1030 W. IN STE. 100 | ER, RANDAL L NTERNATION N BEACH, FL | AL SPEEDWAY BLVD. | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing it | ts registered office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | TORS: | ADDITION | S/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | P (SALDON, MAR 654 NEEDLER PORT ORANG | USH RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (MOGOL, ERLII 6073 SABAL H PORT ORANGI | AMMOCK CIR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (LAVARIAS, IME 718 BRECKEN PORT ORANGI | RIDGE DR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T (MOGOL, ROGI 6073 SABAL H PORT ORANGI | AMMOCK CIR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | (|) Delete | Title: Name: Address: | PRO () Change (X) Addition SALDON, MANUEL P 654 NEEDLERUSH ROAD | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: PORT ORANGE, FL 32127

SIGNATURE: MIRIAM L. SALDON P 03/25/2003

City-St-Zip: