

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000087271

1. Entity Name
GOLDMINE PROPERTIES, INC.



Principal Place of Business
**655 NORTHEAST 125TH STREET
NORTH MIAMI, FL 33161**

Mailing Address
**PO BOX 610141
NORTH MIAMI, FL 33261**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0870501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. PRIX, SHAWN
655 NORTHEAST 125TH STREET
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000895452
04/24/08-80053-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	JENKINS, SARA JANE
STREET ADDRESS	655 NORTHEAST 125TH STREET
CITY - ST - ZIP	NORTH MIAMI, FL 33161
TITLE	VTD
NAME	ST. PRIX, SHAWN
STREET ADDRESS	655 NORTHEAST 125TH STREET
CITY - ST - ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn St. Prix 4/4/08 (305) 981 0070

Date

Odaytime Phone #