

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 019 ***150.00

DOCUMENT # P99000024675

1. Entity Name

GOLD ELEGANCE.COM INC.



Principal Place of Business

1097 N. NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

1097 N. NAVY BLVD.
PENSACOLA FL 32507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3632309

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

NARCISO, NELLIE F
1097 N. NAVY BLVD.
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME NARCISO, NELLIE F
STREET ADDRESS 1097 N. NAVY BLVD.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE V ☒ Delete
NAME NARCISO, ROMAN F
STREET ADDRESS 643 CEDAR BLUFF DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE S ☒ Delete
NAME NARCISO, CHARINA F
STREET ADDRESS 643 CEDAR BLUFF DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1-30-2006 (850) 457-1111

Date

Daytime Phone #