

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050607

FILED
Apr 10, 2009
Secretary of State

Entity Name: GOLDEN GATE INVESTMENT GROUP, INC.

Current Principal Place of Business:

500 BELZ OUTLET BLVD
FOOD COURT 505
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

C/O BUSINESSCOUSELING SVCS, INC
P.O. BOX 1807
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3584299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIAO, MEI-NING
1834 W. COBBLESTONE LANE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEI-NING, LIAO
Address: 1834 W. COBBLESTONE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: V () Delete
Name: SU, VINCENT
Address: 1834 W. COBBLESTONE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ST (X) Delete
Name: PAI-CHUN, LIAO
Address: 8183 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: MEI-NING, LIAO
Address: 1834 W. COBBLESTONE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TS (X) Change () Addition
Name: SU, VINCENT
Address: 1834 W. COBBLESTONE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MEI-NING LIAO

P V

04/10/2009

Electronic Signature of Signing Officer or Director

Date