2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V51272

Address:

City-St-Zip:

616 WRIGHT DRIVE

LAKE WORTH, FL 33461

GOLDEN CAB CORP

FILED Oct 07, 2005 Secretary of State

Entity Nan	1e: GOLDEN CAB	CORP.				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
5813 GEOF WEST PLA	RGIA AVE M BEACH, FL 3340	05 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
5813 GEOF WEST PLA	RGIA AVE M BEACH, FL 3340	05 US				
FEI Number:	65-0345447 FEI I	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of Curren	t Registered Agent:	Name and Address	Name and Address of New Registered Agent:		
5813 GEOF WEST PLA	M BEACH, FL 3340		nurnose of changing its registere	ed office or registered agent, or both,		
in the State		is this statement for the	purpose of changing its registere	a office of registered agent, of both,		
SIGNATUR	E: JOSE J HERNA					
	J	nature of Registered Ag		Date		
	e with s. 607.193(2)(b), paign Financing Trust	F.S., the corporation did no Fund Contribution ().	ot receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete HERNANDEZ, JOSE J 616 WRIGHT DRIVE LAKE WORTH, FL 334		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () Delete ROSARIO, FRANCIA 616 WRIGHT DR LAKE WORTH, FL 334		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	GM () Delete		Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: JULISSA HERNANDEZ GM 10/07/2005