

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V51272

FILED
Oct 09, 2008
Secretary of State

Entity Name: GOLDEN CAB CORP.

Current Principal Place of Business:

2525 OLD OKEECHOBEE RD
WEST PLAM BEACH, FL 33409 US

Current Mailing Address:

2525 OLD OKEECHOBEE RD
WEST PLAM BEACH, FL 33409 US

New Principal Place of Business:

2525 OLD OKEECHOBEE RD
1
WEST PLAM BEACH, FL 33409 US

New Mailing Address:

2525 OLD OKEECHOBEE RD
1
WEST PLAM BEACH, FL 33409 US

FEI Number: 65-0345447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, JOSE J
2525 OLD OKEECHOBEE RD
WEST PLAM BEACH, FL 33409 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: JOSE J HERNANDEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, JOSE J
Address: 616 WRIGHT DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VP () Delete
Name: ROSARIO, FRANCA
Address: 616 WRIGHT DR
City-St-Zip: LAKE WORTH, FL 33461

Title: GM () Delete
Name: HERNANDEZ, JULISSA E
Address: 616 WRIGHT DRIVE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JULISSA HERNANDEZ

GM

10/09/2008

Electronic Signature of Signing Officer or Director

Date