

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 319973

1. Entity Name

GOLDEN REALTY CORP. OF MIAMI



Principal Place of Business

**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

Mailing Address

**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1220444**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LERMAN, ISIDORO
LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

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 reappointing)

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KOZOLCHY, BENNY**
STREET ADDRESS **48 E. FLAGLER ST. (101)**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS **000000427278**
CITY-STATE-ZIP **02/21/06-80001-004 150.00**

TITLE **S** ☐ Delete
NAME **LERMAN, ISIDORO**
STREET ADDRESS **48 E. FLAGLER ST. (101)**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE **TS** ☐ Delete
NAME **GORODETZKY, FELICIA**
STREET ADDRESS **8305 CRESPI BLV**
CITY-STATE-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE **AS** ☐ Delete
NAME **LEAMAN, JORGE**
STREET ADDRESS **48 E FLAGLER ST PH 101**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

TITLE ☐ Delete
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NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-STATE-ZIP ☐ Change ☐ Add

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

Date

Daytime Phone #

2/7/06