

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90010 041 ****61.25

DOCUMENT # N01000001154

1. Entity Name

GOLDEN STREETS, INC.



Principal Place of Business

**140 SOUTH BOULEVARD
#C
BOYNTON BEACH FL 33435**

Mailing Address

**140 SOUTH BOULEVARD
#C
BOYNTON BEACH FL 33435**

44051560



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

4. FEI Number

65-1104100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHASE, GANDRA
140 SOUTH BOULEVARD #C
BOYNTON BEACH FL 33435**

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

Sandra Chase **No Change**

8-2-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHASE, TAMMI**
STREET ADDRESS **1246 BRACHTON AVE**
CITY-ST-ZIP **LOS ANGELES CA 96025**

TITLE **D** ☐ Delete
NAME **DE COITO, CAROLYN**
STREET ADDRESS **26 HOWARD STREET**
CITY-ST-ZIP **HAVERHILL MA 01830**

TITLE **D** ☐ Delete
NAME **FUSCHETTI, MARILYN**
STREET ADDRESS **5510 BARNSTEAD CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **CHASE, SANDRA**
STREET ADDRESS **140 SOUTH BLVD #C**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Delete
NAME **TAYLOR, GEORGENE**
STREET ADDRESS **11242 NW 14TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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 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 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 617, 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:

Sandra Chase *Sandra Chase*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-2-04

Daytime Phone #

561 740-7356