

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002159

Entity Name: GOLDEN PULSE FOUNDATION, INC.**Current Principal Place of Business:**7101 SW 10 CT
PEMBROKE PINES, FL 33023**Current Mailing Address:**PO BOX 141712
CORAL GABLES, FL 33114 US**FEI Number: 83-3792877****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ DEL CASTILLO, MELISSA A
7101 SW 10 CT
PEMBROKE PINES, FL 33023 US*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**Officer/Director Detail :**

Title	P
Name	LOPEZ DEL CASTILLO, MELISSA A
Address	PO BOX 141712
City-State-Zip:	CORAL GABLES FL 33144

Title	VP
Name	ESCANILLA, CARLOS
Address	PO BOX 141712
City-State-Zip:	CORAL GABLES FL 33114

Title	VP
Name	VEGA, GLORIA L
Address	PO BOX 141712
City-State-Zip:	CORAL GABLES FL 33114

Title	VP
Name	ROIG, CHRISTOPHER
Address	P.O. BOX 141712
City-State-Zip:	CORAL GABLES FL 33114

Title	VP
Name	BUSTILLO, BRIAN
Address	PO BOX 141712
City-State-Zip:	CORAL GABLES FL 33114

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA LOPEZ DEL CASTILLO**PRESIDENT****06/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date