2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

1. Entity Name GOLDEN BAY MANOR, INC.			01-23-2008 90022 012 *** 138.73				
Principal Place of Business	Mailing Address		d dana				
3177 SOUTH OCEAN DR. HALLANDALE, FL 33009	3177 SOUTH OCEAN DR. HALLANDALE, FL 33009						
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042008 Chg-P CR2E034 (12/06)				
City & State	City & State		4. FEI Number Applied For 59-0913815 Not Applicab				
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent				
HERRERA, ANGELICA 3177 S OCEAN DR. #221 HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable)				
	fath	City	City FL Zip Code				

the obligations of registered agent.

SIGNATURE										
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: R	egistered Agent signati	ure required when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS	CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T HERRERA, ANGELICA 3177 S OCEAN DR APT 221 HALLANDALE, F.L. 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Bar 3177 S.C Hallandala	cean DR #	□ Change 3.2.8 0.9	☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-7IP	D HERRERA, RAPHAEL 3177 S. OCEAN DR, APT 221 HALLANDALE, FL 33009	D≥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	מו	ouise cean De H2 Fl 33009	☐ Change	Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLEY, ROBERT E 3177 S. OCEAN DR., APT 329 HALLANDALE, FL 33009	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	Guanther cean DR #20	□ Change ○ 4	Additú			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D TILLEY, DONNA M 3177 S. OCEAN DR., APT 329 HALLANDALE, FL 33009	Æ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 -	Soprells Ocean De # e, Fl. 33		☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIBAULT, CECEIL 3177 S OCEAN DR. APT. 308 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additi			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGILERI, SHARON 3177 S. OCEAN DRIVE, APT 103 HALLANDALE, FL 33009	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		77	☐ Change	Additi			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 i changed, or on an attachment with an address, with all other like empowered.

Mallita / A carres

1/22/14 Gril-451-9761