

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 040 ****61.25

DOCUMENT # N01000001154	
1. Entity Name GOLDEN STREETS, INC.	



40130761



08082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 140 South Blvd - C Suite, Apt. #, etc. C City & State Boynton Bch, Florida Zip 33435 Country Palm Beach		3. Mailing Address 140 South Blvd Suite, Apt. #, etc. #C City & State Boynton Bch, Florida Zip 33435 Country Palm Bch.	
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4. FEI Number 65-1104100	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHASE, SANDRA 140 SOUTH BOULEVARD #C BOYNTON BEACH, FL 33435	
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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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, TAMMI 1246 BROCKTON AVE Apt #1 LOS ANGELES, CA 90025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chase, Tammi 1246 Brockton Ave Apt #1 Los Angeles, CA 90025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE COITO, CAROLYN 26 HOWARD STREET HAVERHILL, MA 01830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCHETTI, MARILYN 5510 BARNSTEAD CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, SANDRA 140 SOUTH BLVD #C BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GEORGENE 11242 NW 14TH CT PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 24, 07 561 740-7356
Date Daytime Phone #