


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N05000002867 1. Entity Name GOLDEN SANDS CHARITABLE CORP.	
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Principal Place of Business 2500 NORTHWEST 39TH STREET MIAMI, FL 33142	Mailing Address 2500 NORTHWEST 39TH STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-4911754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEDELE, PETER 2500 NORTHWEST 39TH STREET MIAMI, FL 33142
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**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDELE, PETER 2500 NORTHWEST 39TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, MARY F 2500 NORTHWEST 39TH STREET MIAMI, FL 33142
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01/11/07-80019-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY F. MAGUIRE

Date

1/4/2007

Daytime Phone #

305-633-3336