

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

~~REINSTATEMENT~~

DOCUMENT # P00000009886

1. Entity Name

GOLDEN BEACH INTERNATIONAL DEVELOPMENT, INC.

W06-20934

FILED

06 MAY 11 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT  
DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2601 So. Bayshore Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

1400

Suite, Apt. #, etc.

**REINSTATEMENT**

04 de

City & State

Miami, Florida

City & State

4. FEI Number

65-0993309

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Alfredo G. Duran

Street Address (P.O. Box Number is Not Acceptable)

2601 So. Bayshore Dr., Ste 1400

City

FL

Zip Code

Miami, Florida 33133

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.

SIGNATURE

*[Signature]*

4/18/06

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

(NOTE: Registered Agent signature required when re-instating)

DATE

Alfredo G. Duran

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres/Dir  
Amparo Botero Malkun  
18671 Collins ave., Apt. 3203  
Miami, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100076067411  
06/12/06--01013--003 \*\*1050.00

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

*[Signature]*

Pres Amparo Botero Malkun (305) 859-2696

4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Business Report

150076067411