

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90004 003 \*\*\*150.00

**DOCUMENT # P02000102507**

1. Entity Name

GOLDIE'S REALTY, CORP.



Principal Place of Business

18355 NORTH EAST 19TH AVENUE  
NORTH MIAMI BEACH FL 33160

Mailing Address

18355 NORTH EAST 19TH AVENUE  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

18355 N.E 19th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami Beach

City & State

Zip

33179

Country

U.S.A

Zip

Country

4. FEI Number

43-1980052

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAUL, ZHAVA  
18355 NORTH EAST 19TH AVENUE  
NORTH MIAMI BEACH FL 33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME SHAUL, ARIE  
STREET ADDRESS 18355 NORTH EAST 19TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D/VP ☒ Delete  
NAME TESTILER, ISREAL  
STREET ADDRESS 18355 NORTH EAST 19TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D/S ☒ Delete  
NAME TESTILER, JUDITH  
STREET ADDRESS 18355 NORTH EAST 19TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE S/D ☐ Delete  
NAME SHAUL, ZHAVA  
STREET ADDRESS 18355 NORTH EAST 19TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-31-04 305-932-1800