

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90003 007 ***158.75

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1. Entity Name
GOLDMAN PROPERTIES OF MIAMI BEACH, INC.



Principal Place of Business

**804 OCEAN DR.
2ND FLOOR
MIAMI BCH, FL 33139**

Mailing Address

**804 OCEAN DR.
2ND FLOOR
MIAMI BCH, FL 33139**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0748710

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COURTNEY, MARLO
804 OCEAN DR.
2ND FLOOR
MIAMI BCH, FL 33139**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDMAN, R. ANTHONY
STREET ADDRESS 804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP MIAMI BCH, FL 33139

TITLE ST
NAME SREBNICK, JESSICA G
STREET ADDRESS 804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP MIAMI BCH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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

2.20.06

Date

305-5344411

Daytime Phone #