2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # P02000130749 **Secretary of State** 1. Entity Name GOLDEN SANDS 36TH STREET CORP. Principal Place of Business Mailing Address 2500 NW 39 ST. MIAMI FL 33142 2500 NW 39 ST. MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 42-1563400 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEDELE, PETER Street Address (P.O. Box Number is Not Acceptable) 2500 NW 39 ST. MIAMI FL 33142 City Zra 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete THE ☐ Change Addition NAME FEDELE, PETER NAME STREET ADDRESS 2500 NW 39 ST. STREET ADDRESS U000000016951 CITY - ST - ZIP MIAMI FL 33142 CITY-ST-ZIP 01./20./04_80076 D ☐ Addition TITLE ☐ Delete TITLE NAME FEDELE, JOHN MAME 2500 NW 39 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP ☐ Delete TALE Change Addition TITLE NALIE NAME MAGUIRE, MARY F STREET ADDRESS STREET ADDRESS 2500 NW 39 ST. CITY-ST-ZIP MIAMI FL 33142 287-ST-789 THEF 7178 F ☐ Delete ☐ Change ☐ Addition FEDELE, KEN NAME NAME 2500 NW 39 ST. STREET ADDRESS STREET ADDRESS GITY-ST-ZIP MIAMI FL 33142 CHY-ST-7/P Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - 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 eath, 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.

AW F. MAGOIRE

SIGNATURE:

FILED

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