2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P03000084996 1. Entity Name GOLDWATER REALTY X, CORP.								04-22-2005 9	90265 04	10 ***150).00
Principal Place of Business 1801 WEST AVENUE MIAMI BEACH, FL 33139			F	Mailing Address POST OFFICE BOX 190816 MIAMI BEACH, FL 33119				 (1 89:10 - 1)(1 89)(1 80)(1 80)		III (BNS (Blis Bn	11 8 #1 11 48 #1
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03022005	Chg-P	CR2E0	34 (10/03)	
City & State				City & State		i	 		plied For ot Applicable		
Zip	Country			Zìp Cour		itry	5. Certificate	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			litional d
6 Name and Address of Current				tered Agent		7. Name and Address of New Registered Agent Name					
FELLIG, ZALMAN 1801 WEST AVENUE MIAMI BEACH, FL 33139				i i i		Street Address (P.O. Box Number is Not Acceptable)					
WICHWII BEACH, FE 33 138											
						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 bile if applicable. : (NOTE: Registered Agent eignature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						ncing \$	5.00 May Be				
10.	8-5	OFFICERS AN	ID DIRE			ADDITIONS	/CHANGES TO OFF	CERS AND	DIRECTORS		
TITLE NAME	PTD FELLIG, 2	ZALMAN		Delete TITLE						☐ Change	Addition
STREET ADDRESS City-ST-ZIP	l	ST AVENUE EACH, FL 33139			ET ADDRESS - ST-ZIP						
TITLE	VSD	SOLOMON.		☐ Delete		<u> </u>				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	FELLIG, SOLOMON 1801 WEST AVENUE MIAMI BEACH, FL 33139					ET ADDRESS					
TITLE	IVIIAIVII DE	:AOH, FL 33139				-ST-ZIP		-,		Change	Addition
NAME STREET ADDRESS		-		-		EET ADDRESS	•	-	-		
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE Name				☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADORESS '- ST-ZIP					•
TITLE				☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITL	- 1	•			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS -ST-ZIP						
12. I hereby o	ertify that th	e information supplied w	vith this f	iling does not qualify fo	r the exe	mption stated in :	Section 119.07(3)(i), Florida Statutes, I	further cer	tify that the ir	nformation or director
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attraction of the control of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the rec											
SIGNATURE: SIGNATURE AND PRECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylore Proce 4											