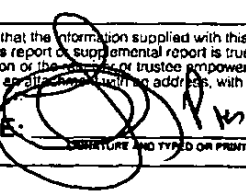


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/22

FILED
May 19, 2005 8:00 am
Secretary of State

04-22-2005 90296 012 ***150.00

DOCUMENT # P04000008388 1. Entity Name GOLDWATER REALTY XII, CORP.																																																																																																																	
Principal Place of Business P.O. BOX 190816 MIAMI BEACH, FL 33119			Mailing Address P.O. BOX 190816 MIAMI BEACH, FL 33119																																																																																																														
2. Principal Place of Business 1801 West Avenue Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		Zip																																																																																																													
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5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent FELLIG, ZALAM 1801 WEST AVENUE MIAMI BEACH, FL 33139			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.																																																																																																																	
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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 officer 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 additional continuing address, with all other like empowered.																																																																																																																	
SIGNATURE  ZALMAN FELLIG 4/19/05 305 538-1117 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	

66017878.



03022005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1359950** Applied For Not Applicable

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #