## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## **DOCUMENT # P04000008388**

GOLDWATER REALTY XII, CORP.



**FILED** Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

**1801 WEST AVENUE** MIAMI BEACH, FL 33119

FELLIG, ZALMAN

SIGNATURE:

1801 WEST AVENUE

Mailing Address

P.O. BOX 190816 MIAMI BEACH, FL 33119



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1359950 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BOS- 538-1117

## DO NOT WRITE

WIAWI BEACH, FL 33139			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				required when reinstating)	DATE	
	IOWIII FEE IS \$150.00 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			U00000706980 04/24/07-80055-823 150.00	
10. OFFICERS AND DIRECTORS						
STREET ADDRESS 18	PT ELLIG, ZALMAN 01 WEST AVENUE AMI BEACH, FL 33139					
STREET ADDRESS 18	/S ELLIG, SOLOMON 01 WEST AVENUE AMI BEACH, FL 33139		*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		·	IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 of 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 ecdiver 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.						

PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR