

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90041 022 \*\*\*158.75

**DOCUMENT # P04000118067**

1. Entity Name  
**GOLDEN SANDS SOUTH, INC.**



Principal Place of Business  
**2500 NW 39 ST  
MIAMI, FL 33142**

Mailing Address  
**2500 NW 39 ST  
MIAMI, FL 33142**

**C0000279**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1498350**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FEDELE, PETER O  
2500 NW 39 ST  
MIAMI, FL 33142**

**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	D
NAME	FEDELE, PETER P
STREET ADDRESS	2500 NW 39 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	HAGUIRE, MARY F
STREET ADDRESS	3015 GMATHLA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	GEESHUNY, HOWARD
STREET ADDRESS	3112 MANHATTAN AVE
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	D
NAME	FEDELE, KEN
STREET ADDRESS	5800 SUNCREST DR
CITY-ST-ZIP	ANECREST, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

**M. F. MAGUIRE**

DATE

**1/4/06**

Daytime Phone #

**305-633-3386**