

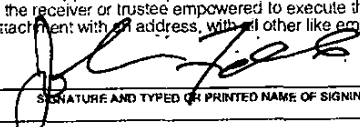
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 001 ***150.00

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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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
FEDELE, PETER O 2500 NW 39 ST MIAMI, FL 33142			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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEDELE, PETER P		NAME		
STREET ADDRESS	5800 SUNCREST DR		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	MAGUIRE, MARY F		NAME	MAGUIRE, MARY	
STREET ADDRESS	3015 EMATHLA		STREET ADDRESS	828 OSCOLA ST	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	GEASHONY, HOWARD		NAME	GEASHONY, HOWARD	
STREET ADDRESS	3112 MANHATTAN AVE		STREET ADDRESS	3112 MANHATTAN AVE	
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266		CITY-ST-ZIP	MANHATTAN BEACH, CA 90266	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	FEDELE, KEN		NAME	FEDELE, KEN	
STREET ADDRESS	5800 SUNCREST DR		STREET ADDRESS	1901 BRICKELL AVE B-1713	
CITY-ST-ZIP	ANECREST, FL 33156		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	FEDELE, JOHN		NAME	FEDELE, JOHN	
STREET ADDRESS	1420 BRICKELL BAY DR APT. 1408		STREET ADDRESS	1420 BRICKELL BAY DR APT 1408	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 or other like empowered.					
SIGNATURE: 			Date: 08/01/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305.633.3336		