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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1. Entity Name
GOLDEN SANDS SOUTH, INC.

60023850

01032008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2500 NW 39 ST MIAMI, FL 33142	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDELE, PETER P 5800 SUNCREST DR PINECREST, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGUIRE, MARY F 3015 EMATHLA COCONUT GROVE, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGUIRE, MARY 828 OSCEOLA ST LAKELAND FL 33801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEASHONY, HOWARD 3112 MANHATTAN AVE MANHATTAN BEACH, CA 90266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEASHONY, HOWARD 3112 MANHATTAN AVE MANHATTAN BEACH, CA 90266	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDELE, KEN 5800 SUNCREST DR ANECREST, FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDELE, KEN 1901 BRICKELL AVE B-1713 MIAMI, FL 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEOELE, JOHN 1420 BRICKELL BAY DR APT. 1408 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDELE, JOHN 1420 BRICKELL BAY DR APT 1408 MIAMI FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ JOHN FEDELE 08/01/08 305.633.3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #