


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000136006</b> 1. Entity Name GOLDEN ESTATES OF SOUTH FLORIDA, INC.	
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Principal Place of Business 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3169109	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GUTIERREZ, RENALDY J 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131
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**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ O, PEDRO R 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ORANTES DE LOPEZ, REBECA 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDEZ DE LOPEZ, MARISOL 601 BRICKELL KEY DR. SUITE 201 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000937630  
05/27/08-80059-004 150.00

**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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_