

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 015 ***150.00

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02212006 Chg-P CR2E034 (11/05)

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|--|---|---------------------------------|---|--|--|
| DOCUMENT # P94000072874 | | | | | |
| 1. Entity Name GOLDEN STAR LAND, INC. | | | | | |
| Principal Place of Business TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI, FL 33131-1897 | | | Mailing Address TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI, FL 33131-1897 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0529567 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI, FL 33131-1897 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name GY Corporate Services, Inc. | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400 | |
| | | | | City Miami | |
| | | | | FL Zip Code 33131 | |
| 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 | | | | Mark J. Scheer, President 4/19/06 | |
| 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. <input type="checkbox"/> \$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 | DPS COSTA, FELIPE 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS VON B. DE COSTA, MARIA 2 S. BISCAYNE BLVD., #3400 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | FELIPE COSTA | | 4/4/06 305-760-6800 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |