


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0529567

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC
2 SOUTH BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131

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 _____ (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**

000000928841
 05/21/08-80045-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COSTA, FELIPE 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VON B. DE COSTA, MARIA 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131
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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: Felipe Costa **Felipe Costa** 4/18/08 305-376-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #