

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 023 ***158.75

DOCUMENT # P95000076555

1. Entity Name
GOLDEN SANDS ALLAPATTAH CORP.



Principal Place of Business
**2500 NW 39 ST
MIAMI, FL 33142**

Mailing Address
**2500 NW 39 ST
MIAMI, FL 33142**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620543	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARY, MAGUIRE F
2500 NW 39 ST
MIAMI, FL**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEDELE, PETER
STREET ADDRESS	5800 SUNCREST DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	MAGUIRE, MARY
STREET ADDRESS	3015 EMATHLA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	GERSHUNY, HOWARD
STREET ADDRESS	1313 NW 36TH ST STE 600
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	FEDELE, JOHN
STREET ADDRESS	5800 SUNCREST DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	FEDELE, KEN
STREET ADDRESS	5800 SUNCREST DR
CITY-ST-ZIP	MIAMI, FL 33156
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:

M.F. MAGUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05
Date

305-633-3336
Daytime Phone #