

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000093124 1. Entity Name GOLDEN SANDS, INC.					
Principal Place of Business LEONARD BLOOM 200 S BISCAYNE BLVD SUITE 4750 MIAMI, FL 33131			Mailing Address LOEB, BLOCK, & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022		
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 65-0709175	
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		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BERKE, HOWARD		NAME	11100000334335	
STREET ADDRESS	505 PARK AVE 9TH FL		STREET ADDRESS	04/28/05-80073-001 150.00	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SELZER, HERBERT		NAME		
STREET ADDRESS	505 PARK AVE 9TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WACKSMAN, JEFFREY		NAME		
STREET ADDRESS	505 PARK AVE 9TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SELZER, HERBERT M		NAME		
STREET ADDRESS	505 PARK AVE 9TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Jeffrey E. Wacksman		4/25/05	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	