


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P96000093124 1. Entity Name GOLDEN SANDS, INC. |  |
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| 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 |
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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0709175 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | 000000554566 05/15/06-80096-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS BERKE, HOWARD 505 PARK AVE 9TH FL NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SELZER, HERBERT 505 PARK AVE 9TH FLR NEW YORK, NY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WACKSMAN, JEFFREY 505 PARK AVE 9TH FLR NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPT SELZER, HERBERT M 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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:  Jeffrey Wacksman, 4/19/06 212-755-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date 212-755-5510 Daytime Phone