

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093124

Entity Name: GOLDEN SANDS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

LEONARD BLOOM
200 S BISCAYNE BLVD SUITE 4750
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

LOEB, BLOCK, & PARTNERS, LLP
505 PARK AVE 9TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 65-0709175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BERKE, HOWARD
Address: 505 PARK AVE 9TH FL
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: SELZER, HERBERT
Address: 505 PARK AVE 9TH FLR
City-St-Zip: NEW YORL, NY

Title: PD () Delete
Name: WACKSMAN, JEFFREY
Address: 505 PARK AVE 9TH FLR
City-St-Zip: NEW YORK, NY 10022

Title: VPT () Delete
Name: SELZER, HERBERT M
Address: 505 PARK AVE 9TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY WACKSMAN

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03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date