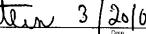
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State

| DOCUMENT # S87734 1. Entity Name GOLDEN TIDE CORPORATION | | | | Secretary of St | | | |
|---|---|--|--|--|--|--|-------------------------------|
| - | ce of Business | Mailing Address | <u> </u> | | | | |
| 83 NE 167TH ST. NORTH MIAMI BEACH, FL 33162 83 NE 167TH ST. NORTH MIAMI BEACH, | | | 62 | | | | |
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| | | | | | i 11 104 1640 1 E 0 | BIEN BIBN BIBN BIBN | 6 6 |
| | O NOT WRITE | IN THIS CDA | CE | 03192008 | No Chg-P | CR2E034 (1 | |
| | | | | 4. FEI Number 65-031 | | - | Applied For Not Applicable |
| | | | de la companya de la | 5. Certificate | of Status Desired | | 5 Additional equired |
| | 6. Name and Address of Current F | tegistered Agent | | | | | |
| EPSTEIN, STEPHEN | | | | DO | NOT W | RITE | |
| 83 NE 167TH ST. NORTH MIAMI BEACH, FL 33162 | | | | ************************************** | THIS SP | Carlotte Carlotte | |
| | • | | | | | ACL | |
| 8. The above | e named entity submits this statement for | the purpose of changing its register | ed office or register | ed agent, or bo | th, in the State of Flor | ोक्षा है। rida. I am familia | r with, and accept |
| the obliga | tions of registered agent. | | · | • | | | |
| SIGNATURE. | Signature, typod or printed nama of registered agent at | d Agent signature required | when reinstating) . | | DATE | <u>. </u> | |
| FIL | E NOW!!! FEE IS \$150.00 | 9. Election Campaign Finar | | .00 May Be | | | |
| After M | ay 1, 2008 Fee will be \$550.0 | Trust Fund Contribution. | □ Adde | ed to Fees | 0000001 - 04/02/08 | 0860197 -80053-024 | 4 150.00 |
| 10. | OFFICERS AND D | DIRECTORS | | | Army of the second of the seco | | |
| NAME | EPSTEIN, STEPHEN | | | | | | |
| STREET ADDRESS CITY+ST-ZIP | 83 NE 167 ST N. MIAMI BEACH, FL | | | | | | |
| TITLE | D | | | | rak GARAGANA | | • |
| NAME STREET ADDRESS | EPSTEIN, INEZ 83 NE 167TH ST | | | | | | |
| CITY-ST-ZIP | N. MIAMI BEACH, FL | | | | | | . * |
| TITLE NAME | | | | | | | |
| STREET ADDRESS | | | | ב חסי | NOT W | DITE | |
| CITY-ST-ZIP | | | | | NOT W | | |
| NAME | | | Libertonn Committee H | | I TIIO OF | ACE. | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ini kutu niin. Mitu Santi S | | |
| TITLE | | | | | | | |
| NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 7-2 | | | | |
| TITLE NAME | | | | | | | · :- |
| STREET ADDRESS | | | | | | | |
| CITY-ST-7IP | İ | | ■ からむないぶけ こっとりご やさか | 211.4 71.5 | * , | | |

12. Thereby 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: STEPHEN TPSTERW MAKEN



305-651-6161