

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002159

**Entity Name:** GOLDEN PULSE FOUNDATION, INC.

**Current Principal Place of Business:**

7101 SW 10 CT  
PEMBROKE PINES, FL 33023

**Current Mailing Address:**

6831 SW 44 ST  
304  
MIAMI, FL 33155 US

**FEI Number:** 83-3792877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ DEL CASTILLO, MELISSA A  
7101 SW 10 CT  
PEMBROKE PINES, FL 33023 US

*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

**Officer/Director Detail :**

Title P  
Name LOPEZ DEL CASTILLO, MELISSA A  
Address PO BOX 141712  
City-State-Zip: CORAL GABLES FL 33144

Title VP  
Name ESCANILLA, CARLOS  
Address PO BOX 141712  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name VEGA, GLORIA L  
Address PO BOX 141712  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name ROIG, CHRISTOPHER  
Address P.O. BOX 141712  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name BUSTILLO, BRIAN  
Address PO BOX 141712  
City-State-Zip: CORAL GABLES FL 33114

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELISSA LOPEZ DEL CASTILLO

**PRESIDENT**

**04/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date