

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90045 003 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # G24769</b>	
1. Entity Name <b>GOLDWELL OF SOUTH FLORIDA, INC.</b>	



54003498

Principal Place of Business <b>51 WEST 21ST ST. HIALEAH FL 33010</b>	Mailing Address <b>50 WEST 21ST ST. HIALEAH, FL 33010</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2280086**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>L LOPEZ, ADA 51 W. 21ST STREET HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 rotating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 2004	
TITLE: <b>P</b>	<b>LOPEZ, ADA</b> <input type="checkbox"/> Delete	TITLE: <b>LOPEZ, ADA C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>LOPEZ, ADA</b>		NAME: <b>LOPEZ, ADA C.</b>	
STREET ADDRESS: <b>50 W. 21ST ST.</b>		STREET ADDRESS: <b>P.O. BOX 416236</b>	
CITY - ST - ZIP: <b>HIALEAH, FL</b>		CITY - ST - ZIP: <b>MIAMI BEACH FL 33141</b>	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY - ST - ZIP:		CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY - ST - ZIP:		CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **01-30-04** **(305) 978-4720**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #